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| NAME: |
| PERSON TO CONTACT IN CASE OF EMERGENCY: |
| You are able to participate for?: ( Please Highlight)* 6 Months (Minimum)
* 9 Months
* 12 Months
 |
| Which Age Group Of Children Would You Most Like To Work With?: ( Please explain why)* 18months-4 years
* 4 Years to 11 Years
 |
| What Skills/Abilities Do You Have To Work With This Age Group? |
| What Is Your Main Reason For Going Abroad? |
| What Do You Hope To Gain From Your EVS Experience? |
| What Are Your Future Plans? |
| You Will Be Sharing A Self Contained Flat with Other Volunteers. How Do You Think You Will Cope With This? What Issues Can You Imagine May Arise? |
| Have You Participated In EVS Before?* YES
* NO
 |
| Do You Have Any Medical Or Special Dietary Requirements? |