**Questionnaire for the Volunteer**

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your picture :)

***Dear applicant, please tell us about…***

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| **The number and the title of the ESC project you are applying for** |
| *Fill in only if you know already this info. If you are interested in more than one project please write it in order from the most wanted one:* |
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| **Your personal details** | | | | |
| Family name |  | | | |
| First name |  | | | |
| Street address |  | | | |
| City |  | | Postal code |  |
| Country |  | | Region |  |
| Email |  | | Telephone |  |
| Date of birth | |  | Gender |  |
| Place of birth | |  | Nationality |  |
| Highest level of education (choose 1 box only) | | □ primary education  □ vocational training  □ secondary education  □ higher education | | |
| Current situation | | □ working  □ studying  □ unemployed  □ on training  □ long-term unemployed (> 6 months)  □ other…. | | |
| |  |  | | --- | --- | | **Your emergency contact person** | | | Name and surname |  | | Address and telephone |  | | | | | |

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| **Your Sending organisation** | | | |
| *Note: in order to take part in our ESC recruitment you should have your sending organization.* *We can consider your application only if you provide us with following information:* | | | |
| Name | ProAtlântico-Associação Juvenil | | |
| Street address | Casa Europa-Rua Policarpo Anjos nº43 | | |
| Postal code | 1495-207 | Region | Cruz Quebrada |
| City | Lisbon | Country | Portugal |
| Email | sveenvio@proatlantico.com | Telephone | 00351214218417 |
| Website |  | Telefax |  |

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| **Your background, experience and needs** | |
| What is your social and educational background? |  |
| Have you ever been living alone? |  |
| Have you ever been living abroad? |  |
| Have you ever participated in some European Programme (ex. Erasmus, Leonardo, Socrates, Youth in Action, Erasmus+) or do you have some international experiences such as travels abroad? |  |
| Have you already worked with people from other cultural background? |  |
| What are your language abilities? | English: □ native □ fluent □ good □ basic □ none  Polish: □ native □ fluent □ good □ basic □ none  Other/s language/s: ……………………………………  □ native □ fluent □ good □ basic |
| Have you ever had any serious health problems? Do you have any chronic disease (ex. diabetes, heart disease, asthma or other)? Do you take regularly any prescribed medications? |  |
| Do you have any special needs (ex. dietary needs, health care)? *Your honest answer will help us to be prepared for hosting you.* |  |
| Do you find yourself as a person with fewer opportunities (disadvantaged due to some serious reasons such as disability, social or economic obstacles, health problems or other)? |  |
| *If you're working or you have worked lately, please provide us with mail contact of your last employer* |  |

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| **Your motivation** | |
| What does the “Volunteer” means for you? |  |
| Have you ever worked as a volunteer in your country? If yes, please tell us briefly about your experiences. |  |
| How did you get in touch with ESC program and why would you like doing it? |  |
| Are you studying, working or doing something else? How will you combine this with your ESC? Do you have to leave school/job for your ESC project? |  |
| Which are your expectations, fears and needs for your ESC experience? |  |
| What do you know and what do you think about Non-formal and Informal Education? |  |

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| **Your interest in the ESC project** | |
| Why do you find this project interesting? Do you have any experiences in a similar work? |  |
| How do you imagine the work to be? |  |
| With which age group would you like to work the most: | □ early primary school (7-10 years old)  □ early teenagers (11-13 years old)  □ teenagers (13+) |
| Mark 4 fields activities that you would you like to participate or lead most : | □ cooking workshops □ art □ music □ dance  □ computer □ sport □ theatre □ photograpy □ DIY  □ board games and other games □ films □ language lessons  □ cultural lessons □ other (which one)……………………………… |
| How would you like to contribute to the project? What kind of activities/ideas would you like to realize?  (Describe shortly 1 or 2 workshop ideas) |  |

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| **Last not least, please tell us about other important stuff/practicalities** | |
| Why did you choose Poland for your ESC? |  |
| What does it mean for you to live and work abroad? |  |
| What does it mean for you to stay away for a long period of your life from everything what you consider precious in your country (ex. home, family, friends, passions, school/work)? |  |
| Do you think you can have problem in sharing an apartment or a room with others persons? If some problems would appear, how do you think to solve them? |  |
| Do you see yourself as a self-reliant person? |  |
| Do you smoke to  (your answer will not affect our decision) |  |

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| **Your comments/additional info** |
| *If you would you like to add something what you find important but what was not mentioned in this application, please leave a comment:* |
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***Thank you for taking time to complete your part of the application!***

**What’s next?**

Your sending organization should fill in the second part of the application: Questionnaire for the Sending Organization.

Should you have any doubts, questions, comments or uncertainties… feel free to contact us. Our team and our volunteers will be more than happy to fulfil your curiosities!

Ps. Don’t forget to find/like us on facebook: [STRIM](https://www.facebook.com/stowarzyszeniestrim/?fref=ts) ☺

**Questionnaire for the Sending Organization\***

*\* this part has to be completed be the representative of the Sending Organization*

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| **About the organization** | | |
| Name: | |  |
| Phone: | |  |
| Fax: | |  |
| Email: | |  |
| Address: | |  |
| Code PIC / OID | |  |
| The sending organisation accreditation (EI) number: | |  |
| Contact Person: | |  |
| **Questions** | | |
| How did you select the volunteer? |  | |
| What kind of preparation will you provide the volunteer with? |  | |
| How do you organise the pre-departure training for the volunteers? |  | |
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**Thank you!**