Please, tick this box to show you understand and accept the above declaration.

Declaration  
‘I agree that the data provided by me in this form can be shared with the supporting, coordinating, and hosting organization of this project’

|  |  |
| --- | --- |
| Which ESC volunteering project are you applying for? Please state the name of the host organization: |  |
| When can you start the project and for how long? |  |

In case you are interested in more than one hosting organization coordinated by Grenzenlos, please send a separate application form for each of the projects!

**SUPPORT ORGANISATION DETAILS**

We can only accept your application if you have a supporting organization! The support organization needs to be from the country you currently live in.

|  |  |  |  |
| --- | --- | --- | --- |
| Organization Name: | ProAtlântico-Associação Juvenil | OID: | E10120334 |
| Address: | Casa Europa-Rua Policarpo Anjos nº 43, 1495-2074 Cruz Quebrada, Portugal | | |
| Phone: | 00351214218417 | E-mail: | sveenvio@proatlantico.com |
| Contact person: | Nuno Chaves | | |

**YOUR PERSONAL INFORMATION**

You must write the names, date and place of birth, nationality, and sex as stated on your passport/ID!

|  |  |  |  |
| --- | --- | --- | --- |
| First name(s): |  |  | PHOTO |
| Last name(s): |  |  |
| Date of birth: |  |  |
| Place of birth: |  |  |
| Nationality: |  |  |
| Passport number: |  |  |
| E-Mail address: |  |  |
| Phone number: |  | | |
| Address: |  | | |
|  | (street, number, postcode, city, country) | | |
| Sex: |  | | |
| Gender: |  | | |
| Preferred pronouns: |  | | |
| PRN: |  | | |
|  | your personal reference number for the ESC | | |

**EMERGENCY CONTACT**  
Please state the contact information of a person that can be contacted in case of emergency.

|  |
| --- |
| First and last names:  Relation to you (parent, friend, partner, …):  Address:  Telephone number:  E-Mail: |

**Declaration**‘I declare that the person mentioned as my emergency contact is informed about the status and agrees to share their contact details with the supporting, coordinating, and hosting organization.’

Please, tick this box to show you that understand and accept the above declaration.

**ABOUT YOURSELF**

What is your current occupation? Are you studying, working, finishing school, unemployed, …?

|  |
| --- |
|  |

Please describe your previous formal and non-formal education, and your work experiences:

|  |
| --- |
|  |

Please describe your previous volunteering experiences (local and international), if you have any:

|  |
| --- |
|  |

Do you have any former international experiences? For example: stays abroad, exchanges, Erasmus exchange, etc.

|  |
| --- |
|  |

Have you ever participated in an EVS, Erasmus+ or European Solidarity Corps volunteering activity? If yes, for how long?

|  |
| --- |
|  |

Please describe your current living situation:   
For example, do you live in the city, countryside, small town? Do you live alone, or with your parents, partner, friends?

|  |
| --- |
|  |

What are your hobbies?

|  |
| --- |
|  |

How would you describe your personality?

|  |
| --- |
|  |

Knowledge skills you hope to gain during your volunteering experience:

|  |
| --- |
|  |

Knowledge and skills you can share during your volunteering experience:

|  |
| --- |
|  |
|  |

Which challenges do you think you might encounter during your stay abroad?

|  |
| --- |
|  |

Your native language(s):

|  |
| --- |
|  |

If you speak any other languages, please add them to the list below and mark your language level:

|  |  |  |  |
| --- | --- | --- | --- |
| **LANGUAGE** | **FLUENT** | **GOOD** | **BASIC** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Were you able to write this application in English yourself?**

Yes, I managed to write this application by myself.

No, I needed help in writing this application (from another person, Google translate, …).

**Do you consider that in your life you face some of the obstacles listed below?**

Please answer honestly! The European Solidarity Corps aims to promote social inclusion by giving opportunities to all young people. When selecting volunteers, we will give priority to applicants with fewer opportunities. This information will also help us to prepare your volunteering activity and to ensure that you will be offered adequate support throughout your volunteering experience.

|  |  |  |
| --- | --- | --- |
| **Please mark YES or NO** | **Yes** | **No** |
| **Disability / special needs** – e.g. mental (intellectual, cognitive, learning), physical, sensory or other disabilities |  |  |
| **Health problems** - e.g. chronic health problems, severe illnesses; psychiatric conditions; physical and/or mental health problems |  |  |
| **Educational difficulties** - e.g. learning difficulties, early school-leaver, poor school performance |  |  |
| **Cultural differences** - e.g. immigrant, refugees or with immigrant or refugee family background, belonging to a national or ethnic minority |  |  |
| **Economic obstacles** - e.g. low standard of living, low income, dependence on social welfare system, long-term unemployment or poverty, debt or financial problems |  |  |
| **Social obstacles** - e.g. facing discrimination because of gender, ethnicity, religion, sexual orientation, … |  |  |
| **Geographical obstacles** - e.g. living in remote or rural areas, on small islands or in peripheral regions, or in urban problem zones, or less serviced areas (limited public transport, poor facilities) |  |  |

If you have answered yes to any of the above, please give further description. If applicable, please also describe the necessary assistance/support you might need before and/or during your volunteering activity:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| Please mark YES or NO | **Yes** | **No** |
| Do you have any allergies? |  |  |
| Do you need to take any kind of medication? |  |  |
| Is there any food you do not eat? |  |  |

If you have answered yes to any of the above, please give further description. If applicable, please also describe the necessary assistance/support you will need before and during your volunteering activity.

|  |
| --- |
|  |

*Please be honest and as specific as possible. Your answer will not be a disadvantage in the selection process! It will simply help us to understand if Grenzenlos and the host organization are able to provide the support you may need during your volunteering and to make the necessary preparations. Feel free to mention above also any other support needs you might have.*

**YOUR MOTIVATION**

**Please describe below your motivation for this specific project or attach a motivation letter.**Why would you like to participate in an ESC volunteering project in Vienna? Why are you applying for this specific project?

|  |
| --- |
|  |

Is there anything else you would like to tell?

|  |
| --- |
|  |

**Declaration**

“I declare that all of the information stated in this application form is correct and answered truthfully by myself, the person named on this application form. Furthermore, I declare that I have never taken part in any long-term EU funded volunteering project. “

please tick here to show you understand and accept the above declaration.