**APPLICATION FORM**

**ESC - Volunteering**

### 1. PLEASE FILL IN THE FOLLOWING DETAILS FOR YOUR APPLICATION!

### 1.1. Personal information

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| --- | --- | --- | --- |
| Name |  | Surname |  |
| Email |  | Phone number with counry code | +\_\_ \_\_\_\_\_\_\_\_\_\_ |
| Address of Residence |  | Address number |  |
| City of residence |  | Zip code |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Gender | Male/Female | | Nationality |  | |  |
| Date of birth |  | | Place of birth |  | |  |
| Passport (ID) Number |  | Solidarity Corps Number (PNR) | | |  |  |
| **Person to contact in case of emergency (Name, Address, Telephone and Email)** | | | | | |  |
|  | | | | | |  |
| **Name and email of your sending organization** | | | | | |  |
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#### 1.2. Special needs.

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| Do you have any special needs (medical conditions, handicaps, etc.)? | Yes \_\_ | No \_\_ |
| **Do you have any kind of allergy?** | Yes \_\_ | No \_\_ |
| Do you need to take any kind of medicine? | Yes \_\_ | No \_\_ |
| **Is there any food you do not eat?** | Yes \_\_ | No \_\_ |

#### 1.3. Do you consider that in your life you face some of the following obstacles?

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| --- | --- | --- |
| Disability/special needs (medical conditions, handicaps, etc.) | Yes \_\_ | No \_\_ |
| **Health problems** | Yes \_\_ | No \_\_ |
| Educational difficulties – e.g. learning difficulties, early school-leaver, poor school performance, | Yes \_\_ | No \_\_ |
| **Cultural differences – e.g. immigrant, refuges or with immigrant or refugee family background, belonging to a national or ethnic minority** | Yes \_\_ | No \_\_ |
| **Economic obstacles – e.g. low standard of living, low income, dependence on social welfare system, long-term unemployment or poverty, debt or financial problems** | Yes \_\_ | No \_\_ |
| **Social obstacles – e.g. facing discrimination because of gender, ethnicity, religion, sexual orientation** | Yes \_\_ | No \_\_ |
| **Geographical obstacles – e.g. from remote or rural areas, youn people living in small islands or in peripheral regions, young people from urban problem zones, young people from less serviced areas (limited public transport, poor facilties).** | Yes \_\_ | No \_\_ |

#### 2.3. Please give further description if you have answered “YES” to any of the above questions. Per favore, daI una descrizione più dettagliata per i campi dove hai segnato “YES”.

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### 2. YOUR MOTIVATION

## 1.1. Description of the project.

**Please, describe, using your own words, how you imagine a typical day will be like in your receiving organization. Please state what organization you are interested in.**

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**2.2.Your motivation**

**Please describe below carefully your motivation for this specific project**.

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#### 2.3. Knowledge and skills you can share during your ESC experience.

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#### 2.4. Knowledge and skills you hope to gain during your ESC experience

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#### 2.5. Which challenges do you think you will encounter during your stay abroad?

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#### 2.6 Is there anything else you would like to tell? C'è qualcos'altro che vorresti aggiungere?

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**PLEASE READ WITH ATTENTION THE SPECIFIC INFORMATION ABOUT THE ORGANIZATIONS AND THE GENERAL RULES OF ESC PROJECTS COORDINATES!**

If the project is approved, the volunteer will have to attend the online language course. At his/her arrival a test will be submitted to see wether the volunteer has attended the course or not. INTERNET AND MOBILE PHONE: volunteers need them, but neither the hosting organization nor InCo can afford to pay for it. So we can help volunteers at their arrival to find goods offers but they will have to pay for it. **HOSTING PEOPLE IN THE FLAT: it is forbidden to host people in the flat.** INSURANCE: You will have an insurance but you will have to anticipate the expenditures as foreseen by the programme and get reimbursed afterwards. Hosting organizations cannot anticipate the costs. Thanks you for filling in the appplication form! Please note that we can only accept your application if you attach your CV!

**Read and accepted**

**Declaration**

**I declare that all of the information on this application form is honest and truthful to ability, experience and support needs and has been completed by the volunteer named on this application.**

Please tick here to show you understand and accept the above declaration

**Do not forget to send together with this form your CV with picture**

**THE CONSENT IS COMPULSORY IN ORDER TO PROCEED WITH THE PROJECT**

**AUTHORIZES AND GIVE CONSENT**

**DOES NOT AUTHORIZE**

**PRIVACY – covid 19**

**As for the processing of personal data communicated to reveal health status, to be carried out in compliance with what is indicated in the aforementioned information, and in particular the processing of data related to the swab for Covid-19**

**THE CONSENT IS COMPULSORY IN ORDER TO PROCEED WITH THE PROJECT**

**AUTHORIZES AND GIVE CONSENT**

**DOES NOT AUTHORIZE**