**European Voluntary Service**

**VOLUNTER’S APPLICATION FORM**

|  |  |
| --- | --- |
|  | Background |
|  | Family name: |  |
|  | First name: |  |
|  | Address: |  |
|  | Phone: |  |
|  | Fax: |  |
|  | E-mail: |  |
|  | Birth date: |  |
|  | Sex: | [ ]   Male | [ ]  Female |
|  | Nationality: |  |
|  | No of ID/passport: |  |
|  |
| Contact person in case of emergency:  |  |
| Phone: |  | Address: |  |
| Contact person in case of emergency:  |
| Phone:

|  |  |
| --- | --- |
| Address: |  |

 |
| Your education: |
| [ ]  primary education | [ ]  vocational training |
| [ ]  secondary education | [ ]  higher education |
| Institution: |
|  |
|  |
| Additional education (like an art schools, attended courses, etc): |
|  |
|  |
| Do you have driver's licence? | [ ]  Yes | [ ]  No |
|  |
| Language skills: |
| Native language: |  |
|  | Fluent | Good | Enough | Poor |
| English | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  |

|  |
| --- |
| Personal information |
|  |
| Name some features of your character: |
| Good ones: |
|  |
| Weak ones: |
|  |
|  |
| Try to describe briefly your family, relationship with friends:  |
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|   |
| Your motto: |
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| Your hobbies, interests, favourite activities: |
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| Are you a member of any public, political organisation? If yes, which ones? |
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| Which problems do you think you may encounter while staying for a long period in another country? |
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| ***European Voluntary Service*** |
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| List your main reasons for decision to take part in EVS project: |
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|  |
| Have you done any voluntary activities before? Did you done EVS before? If yes, what these activities were and when? |
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|  |
| What knowledge, skills you hope to gain during your voluntary service abroad? |
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|  |
| How do you think you’d use your knowledge, skills and experience obtained during voluntary service abroad when you come back? |
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|  |
| In the list of activities tick the most interesting for you (maximum 3 boxes): |
| [ ]  Art and culture | [ ]  Social exclusion (in general) |
| [ ]  Environment | [ ]  Measure against delinquency |
| [ ]  Heritage protection | [ ]  Youth information |
| [ ]  Rural development | [ ]  Youth policies |
| [ ]  Equal opportunities | [ ]  Youth leisure |
| [ ]  Anti- racism/xenophobia | [ ]  Youth sports |
| [ ]  Health | [ ]  Media and communications |
| [ ]  Anti-drugs/substance abuse | [ ]  European awareness |
|  |
| Explain your choice: |
|  |
|  |
| Main target groups for activities (maximum 3 boxes): |
| [ ]  Youth and children | [ ]  Unemployed |
| [ ]  Elderly | [ ]  Emigrants/ refugees |
| [ ]  Disabled people | [ ]  Local Community |
| [ ]  Homeless | [ ]  Other (specify)  |  |
|  |
| Explain your choice: |
|  |
|  |
| Describe your intercultural experience. Have you participated in any international project? Which countries have you visited and for how long? Have you encountered any problems? |
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|  |
| How long would you like to go? |
|  |
|  |
| When would you like to start? |
|  |
|  |
| How could you contribute (skills, knowledge, personally…) to the hosting project? |
|  |
|  |
| Do you smoke? | [ ]  Yes | [ ] No |
| Phy**s**ical Health, special requirements\*: (serious accident, illness, allergy, disability, epilepsy, diabetes etc.)  | [ ]  Yes | [ ]  No |
| If yes, which:  |  |  |
| Mental Health\* (psychological problems, addiction, depression, panic attacks) | [ ]  Yes | [ ]  No |
| If yes, which:  |  |
| **Note: this information is very important for us! It allows us to plan the special support for you and your work. Please, don’t hide any important information concerning your health.** |
| Your attitude to drugs and alcohol: |
|  |
|  |  |

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| --- |
| Your attitude towards strict regulations? |
|  |
| *Feel free to give any extra information about yourself and your participation in the EVS:*(f.e. specific goals you want to achieve with the help of this project or your features, expectations of you want host organisation to know about). |
|  |
|  |
| Date |  | Signature: |  |
| Sending organization's remarks: |
|  |