**European Voluntary Service**

**VOLUNTER’S APPLICATION FORM**

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|  | | | | 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: | | | | | | | | | | | | | | | |
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| Additional education (like an art schools, attended courses, etc): | | | | | | | | | | | | | | | |
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| Do you have driver's licence? | | | | | | | | | | | Yes | | | No | |
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| Language skills: | | | | | | | | | | | | | | | |
| Native language: | |  | | | | | | | | | | | | | |
|  | | | Fluent | | | | | Good | | | | Enough | | | Poor |
| English | | |  | | | | |  | | | |  | | |  |
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| Personal information |
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| Name some features of your character: |
| Good ones: |
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| Weak ones: |
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| 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 | | |
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| Explain your choice: | | | | | | |
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| Main target groups for activities (maximum 3 boxes): | | | | | | |
| Youth and children | | | Unemployed | | | |
| Elderly | | | Emigrants/ refugees | | | |
| Disabled people | | | Local Community | | | |
| Homeless | | | Other (specify) | |  | |
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| Explain your choice: | | | | | | |
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| 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? | | | | | | |
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| When would you like to start? | | | | | | |
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| How could you contribute (skills, knowledge, personally…) to the hosting project? | | | | | | |
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| 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? | | | |
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| *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). | | | |
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| Date |  | Signature: |  |
| Sending organization's remarks: | | | |
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