Application form

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| **PERSONAL DETAILS** | | | | |
| **Surname** |  | | | |
| **First name** |  | | | |
| **Sex** | **Male** |  | **Female** |  |
| **Date of birth** |  | | | |
| **Place of birth** |  | | | |
| **Address:**  **Street, Post code, City, Country** |  | | | |
| **Nationality** |  | | | |
| **Phone** |  | | | |
| **E-Mail** |  | | | |

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| **CURRENT SITUATION** |
| **Please describe your education and experience (school, apprenticeship, university etc.)** |
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| **Family background, please describe briefly your family!** |

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| **INFORMATION ABOUT CONTACT PERSON IN YOUR HOME COUNTRY, IN CASE OF EMERGENCY** | |
| **Name** |  |
| **Address:**  **Street, Post code, City, Country** |  |
| **Relationship** |  |
| **Phone** |  |
| **E-mail** |  |

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| **LANGUAGE ABILITY** | | | |
| **Language:** | **Fluent:** | **Good:**  : | **Basic:** |
| **Swedish** |  |  |  |
| **English** |  |  |  |
| **Other** |  |  |  |

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| **OTHER INFORMATION** | | |
|  | **Yes** | **No** |
| **Do you have a current driving license?** |  |  |
| **Do you smoke?** |  |  |
| **Do you suffer from any allergies?** |  |  |
| **If yes, please give details about allergies!** | | |
| **Do you have any health related limitations which could influence your work as a volunteer?** |  |  |
| **If yes, please give details!** | | |

**HOBBIES & EXPERIENCES**

**Which are your hobbies?**

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| --- | --- | --- |
| **Do you have experiences in voluntary work or through internships?** | **Yes** | **No** |
|  |  |
| **If yes, which experience and how long?** | | |
|  | | |
| **PERSONALITY** | | |
| **Why do you apply for the European Voluntary Service and especially our project?** | | |
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| **What experiences/knowledge, do you think that you can contribute to the host organization and what do you think your colleagues might learn from you?** |
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| **Describe your personality; strengths and weaknesses. Which values are important to you?** |
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| **What are your plans after your EVS?** |
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| **YOUR SENDING ORGANIZATION** | |
| **Name of the**  **organization, coordinator and PIC No:** |  |
| **Address:** |  |
| **Phone:** |  |
| **E-mail:** |  |

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| --- | --- | --- | --- |
| **Date, place:** |  | **Signature:** |  |
| **THANK YOU FOR FILLING THIS APPLICATION FORM!** | | | |