**Application Form for European Voluntary Service**

**Hosting, Co-Ordinating and Sending Organization**

**PARROCCHIA DEI SANTI FAUSTINO E GIOVITA – CG2000**

**CHIARI (BS) ITALY**

**Part I. Identification of the volunteer**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Name and current address*** | | | |
| Family name |  | First name |  |
| Street address |  | | |
| Post code |  | City |  |
| Region |  | Country |  |
| Email |  |  |  |
| Telephone |  | Telefax |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Personal details*** | | | | | | | | | | |
| Date of Birth |  | | | | Gender | | | |  | |
| Place of birth |  | | | | Nationality | | | |  | |
| Religion |  | | | | | | | | | |
| Highest level of education  (1 box only) | |  | Primary Education  Secondary Education | | | |  | Vocational Training  Higher Education | | |
| Current situation  (1 box only) | |  | working |  | | studying | |  | | |
|  | |  | training |  | | unemployed | |  | | other |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Emergency contact details*** | | | |
| Family name *(Mr/Mrs)* |  | First name |  |
| Street address |  |  |  |
| Post code |  | City |  |
| Region |  | Country |  |
| Email |  |  |  |
| Telephone |  | Telefax |  |

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| --- |
| ***Education*** |
| *Please describe your education* |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Language knowledge*** | | | | | | |
| *Language* | A1  Total beginner | A2  Beginner | B1  Average | B2  Advanced | C1  Good | C2  Very good |
| English |  |  |  |  |  |  |
| Italian |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Part II. About project 2011-IT-142**

*Please answer to the following questions*

|  |  |
| --- | --- |
| 1. What’s your motivation for applying for EVS? | |
|  | |
| 1. Why do you wish to work abroad as a volunteer? | |
|  | |
| 1. Have you previously participated in voluntary service, community activities and activities with youth or concerning education? If yes, please describe them. | |
|  | |
| 1. Have you got any international experience (youth exchange, work camp etc.)? If yes, please describe them. | |
|  | |
| 1. What would you like to learn during the project? | |
|  | |
| 1. Which are skills and abilities you can use during the project? | |
|  | |
| 1. Do you have any practical experience with these groups? | |
| Youth & Children  Local community | If yes, what kind? |
|  |

**Part III. About your Sending Organization**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | ProAtlântico – Associação Juvenil | | |
| Street address | Apartado 016 E.C. Porto Salvo | | |
| Postcode | 2741-901 | City/ Country | Porto Salvo |
| Region | Lisboa | EI reference | 2010-PT-28 |
| Email | [sveenvio@proatlantico.com](mailto:sveenvio@proatlantico.com) | Website | [www.proatlantico.com](http://www.proatlantico.com) |
| Telephone | +351 214 218 417 | Telefax | +351 214 218 417 |
| **Please, insert here a picture of yourself** | | | | |

|  |
| --- |
|  |

**Thanks for you cooperation, will be happy to take your application into consideration during the evaluation process.**

**Remember to send this document to** [**progetti@cg2000.it**](mailto:progetti@cg2000.it)