**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 EducationSecondary Education | [ ] [ ]  | Vocational TrainingHigher 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* |
|  |

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| --- |
| ***Language knowledge***  |
| *Language* | A1Total beginner | A2Beginner | B1Average  | B2Advanced | C1Good  | C2Very 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?
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|  |
| 1. Why do you wish to work abroad as a volunteer?
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|  |
| 1. Have you previously participated in voluntary service, community activities and activities with youth or concerning education? If yes, please describe them.
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|  |
| 1. Have you got any international experience (youth exchange, work camp etc.)? If yes, please describe them.
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|  |
| 1. What would you like to learn during the project?
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|  |
| 1. Which are skills and abilities you can use during the project?
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|  |
| 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 | 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**