

Application form for EUROPEAN VOLUNTARY SERVICE

We would like you to fill this application form in order to know your profile, your preferences and motivations. Please answer the questions in English or better in German.

Part I. Identification of the volunteer

Name and current address of the volunteer	
Family name	First name
Street address	
Postcode	City
Region	Country
Email	
Telephone	Telefax

Personal details	
Date of birth	Gender <input type="checkbox"/> female <input type="checkbox"/> male
Place of birth	Nationality
Highest level of education (1 box only)	<input type="checkbox"/> primary education <input type="checkbox"/> vocational training <input type="checkbox"/> secondary education <input type="checkbox"/> higher education
Current situation (1 box only)	<input type="checkbox"/> working <input type="checkbox"/> studying <input type="checkbox"/> unemployed <input type="checkbox"/> training <input type="checkbox"/> long-term unemployed (> 6 months) <input type="checkbox"/> other

Emergency contact	
<i>Please provide contact details of a person who can be contacted in case of an emergency.</i>	
Family name (Mr/Ms)	First name
Street address	
Postcode	City
Region	Country
Email	
Telephone	Telefax

Education

Please describe your education.

Family

Please describe briefly your family and home.

Language knowledge

Please classify according to the scale your language knowledge.

Language	A1 total beginner	A2 beginner	B1 average	B2 advanced	C1 good	C2 very good
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
German	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other information

Please classify other data.

	Yes	No
Do you have a current driving licence?	<input type="checkbox"/>	<input type="checkbox"/>
Do you smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from any allergies? If yes, give details:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any health related limitations which could influence your work as volunteer? If yes, give details:	<input type="checkbox"/>	<input type="checkbox"/>

Part II. Projects

Projects selection

Which of the projects listed above interest you mostly. Chose 1-2 projects. Please read the project description in the database in internet before making a selection.

PIC-Number	Start date	Duration	Organisation name	My choice
939573817	01.09.2017	12 months	Jugendzentrum Hopsten	<input type="checkbox"/>
939553932	01.09.2017	12 months	Jugendzentrum Ladbergen	<input type="checkbox"/>
939888582	01.09.2017	12 months	Jugendzentrum Bansen	<input type="checkbox"/>
940330320	01.09.2017	12 months	Kolpingsfamilie Saerbeck e.V.	<input type="checkbox"/>
940760709	01.09.2017	12 months	ANTL e.V.	<input type="checkbox"/>
940745868	01.09.2017	12 months	Wespe e.V.	<input type="checkbox"/>
943587871	01.09.2017	12 months	Mediencooperative Steinfurt e.V. Joyz - youth centre in Westerkappeln	<input type="checkbox"/>

Part III. Motivation and interest in EVS

Please answer to the following questions.

A. What is your motivation for applying for EVS?

B. Why do you wish to work abroad as a volunteer?

D. Are you ready to spend a long period of time in a different culture? What kind of problems can you imagine that you might personally encounter?

E. Do you have voluntary experience or any international experience (youth exchanges, workcamp)? If yes, please describe when, where and what you did.

F. What are the skills and abilities you can bring to the project?

G. What would you like to learn in the project?

H. Please describe your personality, strengths and weaknesses. Which values are important to you?

I. What are your hobbies?

J. What are you planning to do after EVS?

K. How did you find out about EVS in Steinfurt district?

Part IV. Sending organisation

Details of the sending organisation

Name			
Street address	_____	PIC	_____
Postcode	_____	City	_____
Region	_____	Country	_____
Email	_____	Website	_____
Telephone		Telefax	

Contact person

Family name (Mr/Ms)	_____	First name	_____
Position/function	_____		
Email	_____		
Telephone		Telefax	

Other information

If you want to share with us with any information or comments of your sending organisation , here is the place for it.