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| **EUROPEAN VOLUNTARY SERVICE**  **APPLICATION FORM 2018/19**  **Private & confidential**  Please read the attached information before completing the form & complete all sections fully. Please note you must be over 18 years old by July 1st 2017 and below 31 years old by 4th February 2019.  **(18-30 year old applicants)** | | | | | | | If you wish, you may  insert a photograph  of yourself here | |
| **[01] PERSONAL DETAILS** | | | | | | | | |
| First name(s) | |  | | | Gender | |  | |
| Surname | |  | | | Date of Birth & Age | |  | |
| Email | |  | | | Nationality | |  | |
| Address | |  | | | | | | |
| Home Telephone Number | |  | | | Mobile Number | |  | |
| Country of Residence | |  | | | Country of Birth | |  | |
| **[02] EMERGENCY (NEXT OF KIN) CONTACT DETAILS** | | | | | | | | |
| Name of person to be contacted in case of emergency | | | | | |  | | |
| Telephone number of this person (They must be able to speak English) | | | | | |  | | |
| What is your relationship to this person? (e.g Your Mother / Father) | | | | | |  | | |
| **[03] GENERAL INFORMATION ABOUT YOU** | | | | | | | | |
| What languages can you speak? | | | |  | | | | |
| **English Language Skills (**Basic, Intermediate, Advanced)  Spoken Level:  Written Level:  Other Information: | | | |  | | | | |
| Do you require a VISA? | | | | Yes ☐ No ☐ | | | | |
| Your present occupation | | | |  | | | | |
| Which Airport/s can you fly from? | | | |  | | | | |
| **[04]** | | | | | | | | |
|  | **2015-1-IE01-**  **KA110-008734** | |  | | |  | |  |

**EVS VOLUNTEER APPLICATION FORM 2017/ 2018**

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| **[05] SENDING ORGANISATION DETAILS (You must complete all sections)** | | | |
| Organisation Name (you must be registered with a SO before applying) |  | Sending Code |  |
| Contact Person |  | Website |  |
| Address |  | |  |
| Email |  | |  |
| Telephone |  | |  |

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| **[06] VOLUNTEERING** | | |
| Please give details of any voluntary experience you may have: | | |
| **From / To** | **Organisation** | **Main Duties/Responsibilities** |
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| **[07] EDUCATION, QUALIFICATIONS AND TRAINING** | | |
| **From / To** | **School / College / University** | **Subject of study** |
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| **[08] PREVIOUS EMPLOYMENT** | | | |
| **From / To** | **Employer** | **Main Duties/Responsibilities** | **Reason for Leaving** |
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| **[09] YOUR MOTIVATION** |
| Please take your time with this page to explain to us in detail why you have chosen this particular project as your EVS project, please make particular reference to the skills and abilities you will bring to this position. (You must answer all questions) |
| **What is your motivation for applying to do European Voluntary Service with our organisation** |
|  |
| **What is your motivation for applying to this host project in particular? (your 1st preference above e.g. Orchid House)** |
|  |
| **What is your general understanding of the factors that lead people to become homeless?** (With reference to the particular service user group of the host project you are applying for). |
|  |
| **What are the challenges that you anticipate when volunteering in this type of host project? (Please consider the type of project and service user group)** |
|  |
| **What are your expectations of your role as an EVS volunteer within the host project?** |
|  |
| **What are your skills and abilities that you feel that you can bring to the project? (Please discuss in detail your own activities, hobbies, interests and ideas).** |
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| **[10] HEALTH** | |
| Do you have any recurring mental or physical issues?  Do you need any additional supports in order to do this type of work? | Yes No |
| If ***yes*** can you please describe this illness and how it might impact on your role (this is for personal support needs and a health issue of this nature will not prevent full consideration of your application): | |

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| **[11] REFERENCES** | | |
| Volunteers are also required to produce **two work/study related references**, and a relevant **police clearance certificate** from the country that they are travelling from and **information relating to medical history** (if you ticked YES in “Health”).  Please give the name, address, telephone number and occupation of **two referees**, who would be in a position to assess your skill, knowledge and aptitude for this post, preferably previous employer(s) or people who know you in a professional or study capacity. **You must include valid email addresses and the referee must understand English.** | | |
|  | **Name** |  |
|  | **Occupation** |  |
|  | **Relationship to you** |  |
|  | **Address** |  |
|  |  |
|  | **Email** |  |
|  | **Telephone Number** |  |

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| **[12] VETTING OF VOLUNTEERS** |
| Because of the nature of our work with vulnerable young people and adults, we need to know the following: Do you have a criminal record or have you committed a criminal act in the past? \* Yes ◻ No ◻ |
| **\* NB. This includes ‘spent’ convictions. If the answer is *Yes*, we may need to discuss it with you. It will not necessarily prevent you from becoming a volunteer. If you wish, you may give further details below.** |
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| **[14] DECLARATION** | | | |
| I declare that the information given on this form is complete and correct to the best of my knowledge and that I understand that inaccurate or false information given may result in an offer of volunteering or placement being withdrawn. Application forms must be signed and dated. I understand that I must provide the organization with a police clearance letter from my home country. I understand that I will be required to enter a volunteer agreement and abide by volunteer house rules during my EVS project. I am willing to commit to a 12 month EVS project. | | | |
| **Applicant's name (BLOCK CAPITALS)** |  | | |
| **Applicant’s signature:** |  | **Date:** |  |
|  | | | |