**Application for a Volunteering Service in the Program**

**“European Solidarity Corps“ (ESC)**

**Please fill in this application form in English, thank you!**



**Personal information**

**Family name**

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**First name**

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**Street name and house number**

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**Postal code and town**

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**Teleph****one number (with international area code)**

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**Email-address**

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**Register Nr. at https://europa.eu/youth/solidarity → really important!**

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**Nationality**

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***Pass- or ID-number (Please also send a copy of you pass or ID!)***

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**Date of birth** 



**City of birth**

**Gender** □ **female** *□* **male** *□* ***diverse***

**family status (own children?)**

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**driving licence**

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**Emergency contact**

|  |  |
| --- | --- |
| **Family name** |  |
| **First name** |  |
| **Street name and house number** |  |
| ***Postal code, town*** |  |
| **Teleph****one number** |  |
| **Email-address** |  |

**Education, language skills and experience**

**Information about your education**

□ school pupil

graduation probably (date)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

□ school education already finished

graduation date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

□ vocational training

Profession: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

finishing date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

□ student

name of studies*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

graduation probably (date)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

□ Studies finished

name of studies*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

graduation date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Your Current Situation**

□ school or university*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

□ working as*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

□ in the phase between school and studies or vocational training

□ registered unemployed

□ other*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Does this describe you?**

□ disability

□ unemployed

□ leaving school without qualifications

□ Immigrant

□ geographical disadvantage

**Your language skills**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | English | German | Spanish | French | Italian | [Russian](https://dict.leo.org/russisch-deutsch/%D1%80%D1%83%CC%81%D1%81%D1%81%D0%BA%D0%B8%D0%B9) | Turkish | other |
| Fluently |  |  |  |  |  |  |  |  |
| Good |  |  |  |  |  |  |  |  |
| Little |  |  |  |  |  |  |  |  |

**How did you learn these languages?**

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**Do you have some kind of other qualifications? (For example working with the computer, working with a camera, bookkeeping, handcraft, playing an instrument, project management, sports, ...)**

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**Do you have experience in a specific area? (For example working with children, teenagers or old people, travelling, working in the garden, playing an instrument, blogging, cooking, ...)**

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**Have you been or are you active as a volunteer? When, where and in which field?**

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**Did you already participate in *European Solidarity Corps* (ESC) projects?**

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**Your volunteering service**

**Our ESC volunteering project will last from 01.09.2022 until 31.08.2023.**

**Your Motivation: Why would you like to take part as a volunteer in the ESC Program?**

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**Your Expectations: How do you imagine the work as a volunteer in a hosting project? What do you think you can gain during your service?**

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**What are your strength and weaknesses?**

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**What are your hobbies?**

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**What values are especially important to you?**

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**Your plans, wishes, ideas for your professional future after the volunteering service?**

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**Do you have any special needs that we should take into account? (For example allergies, dietary needs, problems of mobility, health care, physical disability, psychological problems, ...)**

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**Is there anything else, you want to tell us?**

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**Your Sending Organization**

\* mandatory field

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| --- | --- |
| OID \* |  |
| Accreditation Number \* |  |
| Full legal name (National Language) |  |
| Full legal name (Latin characters) \* |  |
| National ID (if applicable) |  |
| Department (if applicable) |  |
| Street address and house number \* |  |
| Post code and City \* |  |
| Country \* |  |
| Website |  |
| Email \* |  |
| Contact person \* |  |
| Telephone |  |

**Legal Representative**

|  |  |
| --- | --- |
| First Name \* |  |
| Family Name \* |  |
| Position \* |  |
| E-Mail |  |

**Background and experience**

Please describe briefly your organization

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What are the activities and experience of the organization in the areas relevant for this application?

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What are the skills and expertise of key staff/person involved in this application?

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