

EVS – European Voluntary Service



Application Form

Please note: This form should be completed in English exclusively!

The information you are asked to provide in this form will serve the purpose of identifying the most suitable hosting project for your possible experience abroad. If the space provided is insufficient, you are welcome to continue on additional sheets which you should attach to this document when finalized. You can add extra information on additional pages if you wish to do so and attach them to this Application Form (don't forget to indicate the question(s) number(s) you're answering). **Thank you!**

1. Personal Information		
Name		
Birthplace and date	Please add	
Gender and marital status	your most red	cent
Nationality	photo here (3	3x4)
ID Card/ Passport NoIssuing d	date Expiration date	
Contact Address		
Email Address		
Telephone No.	Mobile No	
Yahoo/Messenger ID	Skype ID	
Education and Training	Ocupation	
2. Emergency Contact		
Name		
Relationship		
Address		
Email Address		
Telephone No.		
3. Where would you like to carry out your EVS expe	perience? (Mention a minimum of 3 countries)	
4. Duration of the EVS ☐ 6 months ☐ 9 months ☐ 12 months		
5. When would you be available to initiate your EVS	/s?	
6 . Indicate your preference from the following poss (number the different alternatives from <u>1</u> – most prefer	ssibilities for your voluntary service period abroad rred – to <u>9</u> – least preferred)	
physically and/or mentally disabled people children and/or youth gender issues peace and/or peace education international issues	 people with problems of alcohol and/or drug abuse poor and/or homeless people refugees and/or minorities ecology and/or environmental education 	е



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14. What are your hobbies?	
15. Do you smoke? ☐ Yes ☐ No	
16. Do you have any special dietary requirements? ☐ Yes If yes, please specify	□ No
17. Do you have allergies? ☐ Yes ☐ No If yes, please specify	
18. Add here any further information you think could be useful:	
Place & Date	-
Signature of volunteer	Signature of the sending organization's responsible
Please include the following documents: • Photocopy of your ID Card/ Passport • Curriculum Vitae • Motivation letter (in English or in the language of the country • Photocopy of the "European Health Insurance Card"	you are applying to)



To be completed by the	e Association			
Meeting:				
Present:				
Notes:				
Training:				
Next meeting:				