

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 (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 recent
Nationality		photo here (3x4)
ID Card/ Passport NoIssuing 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 experience	e? (Mention a minimum of 3 countries)	
4. Duration of the EVS		
 □ Short term □ 6 months □ 9 months □ 12 months 5. When would you be available to initiate your EVS? 		
6 . Indicate where you would prefer to work (number the different alternatives from <u>1</u> – most preferred – to	o <u>6</u> – least preferred <i>)</i>	
Outdoors Daycare center School	Youth center Office Community	



(*) Common European 3. Describe your previous of the second secon							
3. Describe your previous							
(*) Common Europea	n Framework of F	Reference fo	r Language	s – Check the	appendix "Se	elf Assessme	ent Grid".
		1	1		l	Ī	
	German						
	French						
	English				-		
	Language	Underst Listening	anding* Reading	Spea Spoken interaction	king* Spoken production	Writing* Writing	
other tongue							
. Which language(s) do yo	ou speak and/or	understand	d (including	your mothe	r tongue)?		
. Have you completed you you answered yes, what h	ur compulsory/b nave you been w	asic educa orking on s	tion? □ ince finish	Yes □ Ning it?	No		
. Describe the place wher	e you live (town	, city, villag	e; urban/ r	ural/ industri	al area, where	e it is locat	ed, population)
Have you ever done any v	olunteer work?	(if so, indic	ate what, v	vhen and wh	ere)		
What are your main reaso	ons for going ab	road? And	why did yo	u apply with	the Europear	n Voluntary	Service?
Art and culture European awereness	5		Heritage and environmental protectionMedia and communications				1
Gender equality	1			Social exclusion Minorities			
Disability	Anti-drugs / substance abuse						
Children and/or youth Gender equality Art and culture	n	st preferred -	- to <u>10</u> – lea 	Anti-drugs / s Social exclus Minorities Heritage and	sion I environmenta	al protectior	1



5. Do you smoke?	
. Do you have any special dietary requirements?	
yes, please specify 7. Do you have allergies? □ Yes □ No	
3. Add here any further information you think could be useful:	
lace & Date	
Signature of volunteer S	ignature of the sending organization's responsible
ease include the following documents: Photocopy of your ID Card/ Passport Curriculum Vitae in English	



To be completed by the Association
Meeting:
Present:
1 TOOGH.
Notes:
Training:
Next meeting: