



## **APPLICATION FORM**

## TO BE COMPLETED BY THE VOLUNTEER CANDIDATE

## Part 1. PERSONAL DATA

	3610	NAME	
GENDER	AGE		
NATIONALITY	CITY	CITY AND COUNTRY OF RESIDENCE	
PLACE AND DATE OF BIRTH	EME	EMERGENCY CONTACT (NAME)	
MOBILE	EME	EMERGENCY CONTACT (NUMBER)	
E-MAIL	SKYI	PE	
ADDRESS			
FAMILY MEMBERS			
DRIVING LICENCE  Part 2. LANGUAGES SPOKEN Native language:			
DRIVING LICENCE Part 2. LANGUAGES SPOKEN		Reading	Writing
DRIVING LICENCE		Reading	Writing
DRIVING LICENCE Part 2. LANGUAGES SPOKEN		Reading	Writing
DRIVING LICENCE		Reading	Writing
DRIVING LICENCE Part 2. LANGUAGES SPOKEN		Reading	Writing
DRIVING LICENCE Part 2. LANGUAGES SPOKEN	Speaking		

Francourte (main aymanian asa)   last 2 years			
Employments (main experiences) – last 3 years			
Describe previous volunteering experiences			
Part 4. INFORMATION ABOUT YOUR MOTIVATION, EXPECTATION AND NEEDS FROM THIS EVS PROJECT			
Why have you chosen to do a Volunteering experience in this moment of your life?			
What do you hope to gain from it rather than a work experience?			
Miles and the second state of the second state			
What are your main expectations in terms of learning from this project? Why have you chosen this type of project?			
Explain why you decided to do your volunteering <u>in Italy</u>			
,			
Why do you think we should choose you as volunteer for this project (do you have any ideas what you			
could contribute to your new hosting and volunteering environment):			

Part 5. OTHER INFO		
Try to describe your personality (3	points of strength and 3 points of weakness)	
1.		
2.		
3.		
1.		
2.		
3.		
Do you have any special need? (for	od, health) If yes, please describe.	
What do you like doing in your free	e time? (habbies)	
What do you like doing in your free	Etime: (nobbles)	
Have you already lived alone or wi	thout your family? Please describe how was this/th	nese experience (s)
,	,	
Down C CLIDDORT ODC ANIZATION (C	ENDING ORGANIZATION)	
Part 6. SUPPORT ORGANIZATION (S	ENDING ORGANIZATION)	
NAME OF THE SUPPORT	TYPE (NGO,	
ORGANIZATION	MUNICIPALITY)	
NAME OF THE CONTACT	SURNAME OF THE	
PERSON	CONTACT	
	PERSON	

MAIL

SKYPE

CITY

WEB SITE OF

ORGANIZATION TELEPHONE

ADDRESS

THE