Application Form for the **EVS program** (European Voluntary Service)

**Your sending organisation**

Sending Organisation takes care of your preparation in your Country of residence before you leave for the EVS. If you don’t have one, look for one [here](https://europa.eu/youth/volunteering/organisations_en).

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| --- | --- |
| Name:  | PIC number:  |
| Address:  |
| Phone:  |
| E-Mail:  |
| Contact person:  |

**Hosting organisation – which project are you interested in?**

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| Name of the hosting organization/name of project:  |
| When can you start the EVS? |

**Curriculum Vitae**

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| Last name: photo |
| First name: |
| Address (Street + number): |
| Postal code & City: |
| Country: |
| E-Mail: |
| Phone number: |

**Personal information**

|  |  |
| --- | --- |
| Gender: | Nationality: |
| Date of birth: | Place of birth: |
| Passport number: | Marital status:  |
| Date of issue: | Date of expiration: |

**Person to contact in case of emergency (Name, address, phone and E-Mail)**

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**Your language skills**

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| --- | --- | --- | --- | --- |
| *Language (mark by “***x***”)* | Native | Fluent | Good | Basic |
| German |  |  |  |  |
| English |  |  |  |  |
| French |  |  |  |  |
| Others, please specify: |  |  |  |  |
|  |  |  |  |  |
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**Please briefly describe your educational background**

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**Please describe your previous work experience**

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**Please describe your previous volunteer experiences**

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**What are your hobbies?**

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**How would you describe your personality? Your strengths and weaknesses?**

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**What are the knowledge and skills you can give / share during the EVS experience?**

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**What knowledge and skills do you hope to gain during your EVS experience?**

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**Which problems do you think you could encounter during your stay abroad?**

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**What are your future plans after the voluntary service with EVS?**

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Yes No

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| --- | --- | --- |
| Do you have special needs (medical conditions, handicaps)? |  |  |
| Do you need to take any kind of medication? |  |  |
| Do you have any allergies (pets, food, etc.)? |  |  |
| Do you special needs concerning food (vegetarian)? |  |  |

* Please specify if you have answered yes to any of the above questions:

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Yes No

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| --- | --- | --- |
| Do you smoke? |  |  |
| Can you accept living with a host family? |  |  |
| Do you hold a driver’s license? |  |  |

**Please describe carefully your motivation for the specific hosting organisation you have chosen:**

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