



# ICYE

Please add a photo below

## CANDIDATE'S APPLICATION

Read carefully before answering. Use print letters and submit 2 copies.  
Copies will be sent to Hosting Organisation, Host Family, Host Placement and International Office.

Space to be filled out **only** by the Sending Committee

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**Programme year** 20 – 20 **Period**  1 year  6 months  \_\_\_\_\_

**ICYE Prog.**  Long-Term Volunt.Serv. **Other Prog.**  WW/IJFD  VM/UK

**1. Last Name** \_\_\_\_\_

**2. Gender**  Female  
 Male  
 Other gender

**First Name** \_\_\_\_\_

**3. Personal Address** \_\_\_\_\_  
(street, postal code, city, country) \_\_\_\_\_

**4. Telephone** (+ ) - \_\_\_\_\_ **E-mail** \_\_\_\_\_

**5. Date of Birth (D/M/Y)** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

**6. Nationality** \_\_\_\_\_ **Passport Number** \_\_\_\_\_

**7. Marital Status** \_\_\_\_\_ **Expiry date** \_\_\_\_\_

**8. Family's address/telephone/e-mail if different from yours.**

**9. Person to contact in case of emergency (name, address, telephone, e-mail).**

**10. Please describe your current living situation (with family, friends / house, flat / city, small town).**

**11. Please describe your educational background/training.**

Subject	School/College	Years	Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Additional comments you want to add:**

**12. Please give details of any previous or current work experience.**

**13. What is your mother tongue? \_\_\_\_\_ Do you speak any foreign languages?**

Language	Years studied	Fluent	Good	Fair	Basic
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. What are your hobbies?**

**15. What are your future plans?**

**16. Please describe yourself, including your strengths and weaknesses.**

**17. Please, describe briefly a national and/or international issue that has affected you.**

**18. Have you had any international experiences (for example: camps and conferences in other countries, contact with people of other cultures, etc.) ? If so, please give details.**



Please give reasons for your choice.

Do you have any objections to sharing a room?  Yes  No

If your answer is yes, please explain why.

29. Do you smoke?  Yes  No

30. Do you have special dietary requirements? Please indicate.

No  Vegetarian \_\_\_\_\_  
 Other \_\_\_\_\_

31. Do you have any allergies?  Yes  No

If your answer is yes, please indicate what kind.

*Please feel free to complement this form providing additional information on a separate sheet of paper.*

**I am aware that ICYE is not financially responsible if the exchange programme is interrupted due to war, civil commotion, a global pandemic or a natural catastrophe in the host country.**

Date \_\_\_\_\_ Signature of Candidate \_\_\_\_\_

Date \_\_\_\_\_ Signature of Coordinator \_\_\_\_\_  
 (Sending National Committee)

**DATA PRIVACY DISCLAIMER**

I agree that ICYE may collect, use and share my personal data as well as the data provided for third parties mentioned in this form (your emergency contact), with the following programme stakeholders: hosting organisation, host family, host placement, insurance company and the ICYE International Office.

In accordance with our data protection policy, your personal data will be deleted at the end of your contract.

Please tick one of the following boxes:

*I consent*     *I do not consent*

Date \_\_\_\_\_ Signature of Candidate \_\_\_\_\_

If selected to participate in the ICYE volunteering programme, I also agree that ICYE may collect and use my photos and articles on the website, on social media, in newsletters, etc. for promotional purposes.

Please tick one of the following boxes:  *I consent*     *I do not consent*

Date \_\_\_\_\_ Signature of Candidate \_\_\_\_\_