**Application for a Volunteering Service in the Program**

**“European Solidarity Corps“ (ESC)**

****

**Please highlight the project(s) for which you want to apply with a colour.**

|  |  |  |
| --- | --- | --- |
| □ **Klex** *children and youth center* | □ **Sprachkiste**  *kindergarten* | □ **Iberoamérica**  *non-profit organization* |
| □ **Treffpunkt**  *youth center* | □ **Montessori Kindergarten** *kindergarten* | □ **SV Schott**  *table tennis association* |
| □ p**olaris**  *youth center* | □ **Waldkita**  *kindergarten* |  |
| □ **Freizeitladen**  *youth center* | □ **Vorschulteil Jenaplan-Schule** *pre-school section* |  |

**Please fill in this application form in English, thank you!**

Photo

**Personal information**

**Family name**

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|  |

**First name**

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|  |

**Street and house number**

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|  |

**Postal code and town**

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|  |

**Teleph****one number with international area code**

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**Email-address**

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**Register Nr. at https://europa.eu/youth/solidarity → really important!**

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**Nationality**

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***Pass- or ID-number (Please also send a copy of you pass or ID!)***

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**Date of birth**

**City of birth**

**Gender** □ **female** *□* **male** *□* ***diverse***

**family status (own children?)**

|  |
| --- |
|  |

**driving licence**

|  |
| --- |
|  |

**Emergency contact**

|  |  |
| --- | --- |
| **Family name** |  |
| **First name** |  |
| **Street and house number** |  |
| ***Postal code, town*** |  |
| **Teleph****one number** |  |
| **Email-address** |  |

**Education, language skills and experience**

**Information about your education**

□ school pupil

graduation probably (date)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

□ school education already finished

graduation date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

□ vocational training

Profession: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

finishing date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

□ student

name of studies*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

graduation probably (date)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

□ Studies finished

name of studies*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

graduation date*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Your Current Situation**

□ school or university*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

□ working as*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

□ in the phase between school and studies or vocational training

□ registered unemployed

□ other*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Does this describe you?**

□ disability

□ unemployed

□ leaving school without qualifications

□ Immigrant

□ geographical disadvantage

**Your language skills**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | English | German | Spanish | French | Italian | [Russian](https://dict.leo.org/russisch-deutsch/ру́сский) | other | other |
| Fluently |  |  |  |  |  |  |  |  |
| Good |  |  |  |  |  |  |  |  |
| Little |  |  |  |  |  |  |  |  |

**How did you learn these languages? /**

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| --- |
|  |

**Do you have some kind of other qualifications? (e.g. working with the computer, working with a camera, bookkeeping, handcraft, playing an instrument, project management, sports, ...)**

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**Do you have experience in a specific area? (working with children, teenagers or old people, travelling, working in the garden, playing an instrument, blogging, cooking, ...)**

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**Have you been or are you active as a volunteer? When, where and in which field?**

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**Your volunteering Service**

**For how long would you like to be a volunteer? (Minimum 6 months, maximum 12 months*)***

**From which date***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**until which date maximum***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Your Motivation: Why would you like to take part as a volunteer in the ESC Program?**

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**Your Expectations: How do you imagine the work as a volunteer in a hosting project? What do you think you can gain during your service?**

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**What are your strength and weaknesses?**

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**What are your hobbies?**

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***What values are especially important to you?***

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**Your plans, wishes, ideas for your professional future after the volunteering service?**

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**Do you have any special needs that we should take into account? (e.g. allergies, dietary needs, problems of mobility, health care, physical disability, psychological problems, ...)**

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**Is there anything else, you want to tell us?**

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**Your Sending Organization**

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| --- | --- |
| OID |  |
| Accreditation Number |  |
| Full legal name (National Language) |  |
| Full legal name (Latin characters) |  |
| National ID (if applicable) |  |
| Department (if applicable) |  |
| Street address and house number |  |
| Post code and City |  |
| Country |  |
| Website |  |
| Email |  |
| Contact person |  |
| Telephone |  |

**Profile**

|  |  |
| --- | --- |
| Type of Organization |  |
| Is the partner organization a public body? |  |
| Is the partner organization a non-profit? |  |

**Legal Representative**

|  |  |
| --- | --- |
| First Name |  |
| Family Name |  |
| Position |  |
| E-Mail |  |

**Background and experience**

Please describe briefly the partner organization

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What are the activities and experience of the organization in the areas relevant for this application?

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|  |

What are the skills and expertise of key staff/person involved in this application?

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