Sending Organisation



European Voluntary Service

### Contact Information

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| --- | --- | --- | --- |
| Surname: |  |  |  |
| First name(s): |  |  |
| Address: |  |  |
| Postcode & city: |  |  |
| Country: |  |  |
| Phone: |  |  |
| Email: |  | | |

### Personal information

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| --- | --- | --- | --- |
| Gender: |  | Nationality: |  |
| Date of birth: |  | Place of birth: |  |
| Passport Number |  | | |
| Person to contact in case of emergency (Name, Address, Telephone and E-mail) | | | |
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#### Your current occupation

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#### Please describe your previous work and/or volunteer experiences (locally and international)?

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#### Do you have any former international experiences (other stays abroad, exchanges etc.)? Please describe

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#### What are your hobbies?

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#### How would you describe your personality?

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#### Knowledge and skills you can share during your EVS experience:

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#### Knowledge and skills you hope to gain during your EVS experience

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#### Which challenges do you think you will encounter during your stay abroad?

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#### Do you have any special needs **Yes\_\_\_ No\_\_** (medical conditions, handicaps etc.)?

Do you have any kind of allergy? Yes\_\_\_ No\_\_\_

#### Do you need to take any kind of medicine? **Yes\_\_\_ No\_\_**

Are you a vegetarian? Yes\_\_\_ No\_\_

Is there any food you do not eat? Yes\_\_\_ No\_\_\_

#### Please give further description if you have answered yes to any of the above questions

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### Language abilities

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| Language (mark by x) | Native | Fluent | Good | Basic |
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