

**Application form**

**for EUROPEAN SOLIDARITY CORPS**



Sending organisation, Co-ordinating organisation

Kreis Steinfurt, Jugendamt, Germany

We would like you to fill this application form in order to know you profile, your preferences and motivations. Please answer the questions in English or better in German.

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| Part I. Identification of the volunteer | | | | | | |
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| Name and current address of the volunteer | | | | | | |
| Family name | |  | First name | |  | |
| Street address | |  | | | | |
| Postcode | |  | City | |  | |
| Region | |  | Country | |  | |
| ESC reference number | |  | Email | |  | |
| Telephone | |  | Telefax | |  | |
|  | | | | | | |
| Personal details | | | | | | |
| Date of birth | |  | Gender | | female | male |
| Place of birth | |  | Nationality | |  | |
| Highest level of education (1 box only) | | primary education | | vocational training | | |
| secondary education | | higher education | | |
| Current situation (1 box only) | | working | | studying | | |
| unemployed | | training | | |
| long-term unemployed (> 6 months) | | other | | |
|  | | | | | | |
| Emergency contact | | | | | | |
| Please provide contact details of a person who can be contacted in case of an emergency. | | | | | | |
| Family name | (Mr/Ms) |  | First name | |  | |
| Street address | |  | | | | |
| Postcode | |  | City | |  | |
| Region | |  | Country | |  | |
| Email | |  | | | | |
| Telephone | |  | Telefax | |  | |

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| Education | | | | | | |
| Please describe your education. | | | | | | |
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|  | | | | | | |
| Family | | | | | | |
| Please describe briefly your family and home. | | | | | | |
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| Language knowledge | | | | | | |
| Please classify according to the scale your language knowledge. | | | | | | |
| Language | A1  total beginner | A2  beginner | B1  average | B2  advanced | C1  good | C2  very good |
| English |  |  |  |  |  |  |
| German |  |  |  |  |  |  |
| Ukrainian |  |  |  |  |  |  |
| Russian |  |  |  |  |  |  |
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| Other information | | | | | | |
| Please classify other data. | | | | | | |
|  | | | | | Yes | No |
| Do you have a current driving licence? | | | | |  |  |
| Do you smoke? | | | | |  |  |
| Do you suffer from any allergies? If yes, give deatails: | | | | |  |  |
|  | | | | | | |
| Do you have any health related limitations which could influence your work as volunteer? If yes, give deatils: | | | | |  |  |
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| Part II. Projects | | | | |
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| Projects selection | | | | |
| Which of the projects listed above interest you mostly. Chose 1-2 projects. Please read the project description in the data-base in internet before making a selection. | | | | |
| PIC-Number | Start date | Duration | Organisation name | My choice |
| 916163643 | 01.09.2019 | 12 months | Spielvereinigung Ibbenbüren |  |
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| Part III. Motivation and interest in EVS |
| Please answer to the following questions. |
| A. What is your motivation for applying for EVS?  B. Why do you wish to work abroad as a volunteer?  D. Are you ready to spend a long period of time in a diffrent culture? What kind of problems can you  Imagine that you might personally encounter?  E. Do you have voluntary experience or any international experience (youth exchanges, workcamp)?  If yes, please describe when, where and what you did.  F. What are the skills and abilities you can bring to the project?  G. What would you like to learn in the project?  H. Please describe your personality, strenghts and weaknesses. Which values are important to you?  I. What are your hobbies?  J. What are you planing to do after EVS?  K. How did you find out about EVS in Steinfurt district? |

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| Part IV. Sending organisation | | | | |
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| *Details of the sending organisation* | | | | |
| Name | | Youth Work Association | | |
| Street address | | Hüseyinağa Mah. Topçekenler Sok. No:21/7 Beyoğlu | PIC | 918857721 |
| Postcode | | 34435 | City | Istanbul |
| Region | | Istanbul | Country | TURKEY |
| Email | | [youthorgtr@gmail.com](mailto:youthorgtr@gmail.com) | Website | [www.youth.org.tr](http://www.youth.org.tr) |
| Telephone | | +90 506 137 9900 | Telefax |  |
|  | | | | |
| Contact person | | | | |
| Family name | (Mr/Ms) | Mr. ÇETİNKAYA | First name | Mehmet |
| Position/function | | President | | |
| Email | | [mehcetinkaya@gmail.com](mailto:mehcetinkaya@gmail.com) | | |
| Telephone | | +90 506 137 99 00 | Telefax |  |
|  | | | | |
| *Other information* | | | | |
| If you want to share with us with any information or comments of your sending organisation, here is the place for it. | | | | |
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| Part V. Additional information |
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| *Remarks and comments* |
| Would you like to add something? |
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Thank you very much, we look forward to receive your application.

Please note that we can only accept your application if you indicate your sending organisation and the project number!

After completing the form send it addressed with the EI Number of the project you have chosen in the form to **youth@kreis-steinfurt.de**