Application form for short term ESC volunteering in Olde Vechte Foundation

9th of March – 8th Of May

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| First name: |  |
| Surname: |  |
| Address: |  |
| City: |  |
| Country: |  |
| Phone number: |  |
| E-mail: |  |
| Link to your Facebook account: |  |
| Date of birth: |  |
| Gender (male, female, other): |  |
| ESC registration number  (register [here](https://europa.eu/youth/solidarity_en)) |  |
| Do you have a valid health insurance and a European Health Insurance Card? |  |
| Contact person in case of  emergency:  Address  Phone number  Relation to you |  |
| Level of English: (excellent, good, medium, bad) |  |
| Are you considered member of a minority in the country where you live? |  |
| Do you have any disability (mental/physical) or chronic disease? If yes, please specify your diagnosis and symptoms. |  |
| Which kind of education did you complete? Please choose one. | [ ] Primary school  [ ] High school  [ ] University  [ ] None of them |
| Do you face geographical obstacles (living in a small village or in the countryside with no social infrastructure, living isolated)? |  |
| Are you living in poverty using the standards of your country (having an income below national average)? |  |
| Are you coming from a single parent or broken family? |  |
| Do you have challenges to interact with other people? |  |
| Do you have any allergy? If yes, please specify. |  |
| Do you have a special diet? Which kind? |  |
| What do you do for a living? What is your profession? |  |
| What hobbies/interests do you have? |  |
| In case you have no job or are a student, for how long are you unemployed? |  |
| When was the last time you had any kind of job you earned money with? |  |
| What was it? |  |
| Have you participated in any International Exchange, Training, seminar, scholarship or other international projects?  If yes, describe what it was. |  |
| Do you have any special needs (e.g. you need a special bike, a wheelchair)? |  |
| Can you ride a bicycle? |  |
| Are you afraid of dogs, cats, horses, other animals? |  |
| Do you take any medication? What for? |  |
| Did you have any serious medical problems in the past? |  |
| Do you have any specific health issue that you need support with on daily base?  If yes, which kind of support you need? |  |
| What do your parents or guardians think about you doing a volunteering activity? Do they support this? |  |