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| --- |
| Your picture here please ☺ |

A. VOLUNTEER

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| --- | --- | --- | --- | --- | --- | --- |
| Name and current address of the volunteer | | | | | | |
| Family name |  | | First name | |  | |
| Street address |  | | | | | |
| Postcode |  | | City | |  | |
| Region |  | | Country | |  | |
| Telephone  Skype address |  | | Email | |  | |
| 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 | | |
| ID or passport number: | |  | | | | |
| European Health Card number | |  | | | | |

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| Emergency contact | |
| Name |  | |
| Address |  | |
| Email |  | |
| Phone |  | |

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| --- | --- |
| |  | | --- | | Do you have any special needs (dietary needs, health care)? Have you ever had any serious health problems? |   Yes  No  If yes please describe |
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| Describe briefly your current situation (work, school, family) |
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| How would you describe yourself (values and weaknesses, roles of friends in your life, importance of school and job)? |
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| Why do you think we should choose you as a EV for this project? |
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| Do you have previous international or intercultural experiences? |
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| Do you have experience in being a volunteer? (describe also the movements, the organizations and programmes you worked with), if any: |
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| Please describe briefly your best work experience. |
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| |  | | --- | | Describe your **motivation** for participation at **Here There PLUS** project | |
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| Do you have any particular skills you would like to valorise during the project? |
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| What ideas, proposals you have about your own contribution in the project? |
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| What do you plan to do in order to exploit the results of your EVS project when you will go back home? |
|  |

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| --- | --- | --- |
| Do you have any experiences in working with | | |
| Kindergarten children?  Yes  No | Children in hospitals?  Yes  No | Children with disabilities?  Yes  No |
| Please describe what you **feel** about this kind of work. | | |
|  | | |

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| --- | --- | --- |
| |  | | --- | | Practical details | | |
| Travel suggestions: | |
| Best flight option between your country and Bucharest (departure airport, time table, estimated prices)  Distance between your city / village and departure airport, transport between them & the costs: | |
| Do you need visa? Yes  No | |
| Costs of the visa other outstanding costs (fits proceeds)/ please specific the circumstances | Price (€) |
|  |  |
| TOTAL | € |

B. Seding Organisation

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Details of the sending organisation | | | | | |
| Name | | PiNA | | | |
| Street address | | Gregorčičeva 6 | | | |
| Postcode | | 6000 | | City | Koper |
| Region | |  | | Country | Slovenia |
| Email | | info@pina.si | | Website | www.pina.si |
| Telephone | |  | | Telefax |  |
| Person in charge for the sending projects | | | | | |
| Family name |  | Vezovnik | | First name | Urška |
| Email address: |  |  | | Phone |  |
| Mobile | 00386 40 811 848 |
| **Skype** | Pina\_koper |
| Position in the organisation: | |  | EVS coordinator | | |

The sending organisation ACREDITATION number: **2015-1-SI02-KA110-012905**