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The information given in this form will help us understand more about you, your motivation, expectations and needs.

PERSONAL DETAILS



First name:

Last name:

Gender: MALE FEMALE

Nationality:

Date of birth:

Place of birth:

Address:

Street and street number,
Post code, City, Country

Mobile phone number:

Email:

CONTACT DETAILS IN CASE OF EMERGENCY



Name and last name:

Address:

Street and street number,
Post code, City, Country

Relationship:

(Mother, father, ...)

Mobile phone number:

Email:

CURRENT SITUATION



Please describe your current activities/occupation? (Are you studying, working, unemployed...?)

MOTIVATION FOR TAKING PART IN EUROPEAN VOLUNTARY SERVICE (EVS)



Why are you applying for EVS?

What would be your biggest challenge as a long-term volunteer in another country? Have you ever lived away from home? Where? For how long?

How will participation in this project contribute to your personal/professional development?
What competences and skills do you think you will gain during your experience?

What knowledge and skills can you give / share during the EVS experience?

What kinds of challenges/difficulties might you face on an EVS project?

Do you have experience in voluntary work or through internships?

YES

NO

If yes, please describe the experience and tell us how long it lasted.

What are your general expectations? What do you expect from this experience? How will you achieve your own goals through this experience? And what do you expect from the host organisation?

What are your plans for the time after the EVS?

What is the priority for you regarding this project?
(Evaluate from 1 to 5 – “1” is the highest priority and 5 is the lowest priority.)

ACCOMMODATION

SUSTAINABILITY OF THE ACTIVITIES

FOOD

GETTING EXPERIENCE

TRAVEL

LEARNING THE LANGUAGE

HELPING IN THE COMMUNITY

TO KNOW MORE ABOUT HOSTING COUNTRY

OTHER (PRECISE WHAT)

LANGUAGE ABILITY



	FLUENT	GOOD	BASIC
ENGLISH			
GERMAN			
ITALIAN			
OTHER			

OTHER INFORMATIONS



Do you have a valid driving license? YES NO

Do you have any objection to sharing a room? YES NO

If yes, please give details:

Do you have any health related limitations which could influence your work as a volunteer? YES NO

If yes, please give details:

Do you have any allergies or any special needs? YES NO

If yes, please give details:



Please select the project you are applying for. In the case of more preferences (max. 3), put the selected projects in order according to priority (1 – highest priority, 3 – lowest priority). [For more details about available projects click here.](#)

- ☐ Kulturno izobraževalno društvo PINA // Association for Culture and Education PiNA (1. 3. 2018 – 28. 2. 2019)
- ☐ Mladinski EPI center Piran // Youth Center Piran (1. 3. 2018 – 31. 10. 2018)
- ☐ SREDIŠČE ROTUNDA, primorski družbeni center // SREDIŠČE ROTUNDA, Social Centre of Primorska (1. 3. 2018 – 31. 10. 2018)
- ☐ Center mladih Koper // Youth Center Koper (1. 3. 2018 – 31. 10. 2018)
- ☐ ŠENT - Slovensko združenje za duševno zdravje // ŠENT-The Slovenian Association for Mental Health (1. 3. 2018 – 31. 10. 2018)

Please explain in detail why you are interested in each of the projects selected above.

THANK YOU FOR FILLING IN THE APPLICATION FORM!

Please send it back by E-MAIL, along with your CV to terminal@pina.si.

In the subject of the E-mail please write ACT FOR YOU ACT FOR ALL and name your files
name_surname_APPLICATION and *name_surname_CV*

DEADLINE OF APPLICATION: 15. 12. 2017



SREDIŠČE ROTUNDA



ŠPORTNI IN MLADINSKI CENTER PIRAN
CENTRO SPORTIVO E GIOVANILE DI PIRANO

