VOLUNTEER APPLICATION

FORM

(ESC brings together)











	Background info			
	Family name:	1		
	First name:			
	Address:			
	Phone:			
	Facebook			
Photo	name/Skype:			
	E-mail:			
	Birth date:			
	Nationality:			
	Citizenship:			
	Sending	Name:		
	organization:	Phone:		
		Address:		
		Email: PIC number:		
Next of kin information:		PIC number:		
Name:				
Contact number/email:				
Relationship (mother/fath	or/sistor/brothor/	other):		
Relationship (mother/lati	ier/sister/brother/t	other).		
Your present occupation: Studying Working Unemployed				
Other				
Your education:		Uscational training		
primary education secondary education	✓ vocational training✓ higher education			
secondary education		inglier education		
Language skills: Native language:				
Fluent	Good	l Enough	Poor	
English	\vdash	\vdash		
Russian	\vdash	\vdash		
Other				
Personal information				
Name some features of you Strong ones:	r character:			

Weak ones:

Your hobbies, interests, favourite a	ctivities:	
European Solidarity Corps		
List your main reasons for decision	to take part in ESC project?	
Have you done any voluntary activi	ties before? If yes, what was it	t?
What knowledge and skills do you l	nope to gain during your volun	ntary service?
What ESC placement you want t in sport centre Balansas in the Youth centre in Waldorf kindergarten in Waldorf school	o apply (can mark several)	
Dates of ESC project are Octobe Yes No Other	r 1 st 2020 - August 31 st 2021	L. Are you available for the whole time?
Do you have a driving license? Do you smoke? Do you have any allergies? Do you have/had any mental problems? Are you vegetarian/vegan?	Yes Yes Yes Yes Please specify: Yes Please specify: Yes Please specify:	NoNoNoNoNoYes

Any questions?	
Thank you for your honesty.	
Please send the form to skautu.slenis@gmail.com by 3 August, 2020	