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EstYES

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**Application for European Voluntary Service** **Project in Estonia**

|  |  |
| --- | --- |
| Please indicate the name of the project you would like to apply for (up to 3 projects in preference order). |  |

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| Picture |

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| --- | --- | --- | --- | --- |
| Family name | (Mr/Ms) |  | First name |  |
| Date of birth | dd/mm/yy |  | Gender |  |
| Street address |  |
| Postcode |  | City |  |
| Region |  | Country |  |
| Email |  |
| Home phone no. |  | Mobile no. |  |
| Place of birth |  | Nationality |  |

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| Background information |
| What is your current situation (studying, working, unemployed)? |
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| Your education. Where, what and for how long did you study? |
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| Work experience. Where did you work and what did you do? |
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| Which languages do you speak? |
| Language | Basic | Good | Fluent |
|  |  |  | Mother tongue |
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| Please describe yourself including strengths and weaknesses. |
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| Motivation |
| Why would you like to take part in European Voluntary Service project? |
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| Did you ever do any social or voluntary services? What did you do? |
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| What are your hobbies? Are there things you are extremely good at? |
|  |
| Why did you choose this project? What do you expect from the project? |
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| How do you see yourself in the project you are applying for? What exactly can you contribute? How can the project benefit from selecting you? |
|  |
| What goals do you want to reach during your voluntary service? |
|  |
| ***Where do you prefer to do your voluntary service? Why?*** |
|  |  In a city |  | In a rural area |
|  |
| Describe your experience, knowledge and skills which could help you in your EVS. |
|  |
| Which challenges and difficulties do you think you will encounter when living for a long time in another culture with a different set of values? |
|  |
| ***How do you ensure the continuity of this commitment (during 9-12 months)?***  |
|  |
| What do you intend to do after the voluntary service? |
|  |
| When do you prefer to start the project? For how long? |
|  |
| Details about your sending organisation (contact person, e-mail, phone, fax). |
| ELIX Conservation Volunteers GreeceFrancesca MOSCHITTA, volunteers@elix.org.gr, +302103825506, fax: +302103814682 |
| Please describe how you created the contact with your sending organisation (ELIX), describe your cooperation and possible future plans. |
|  |
| Why did you choose Estonia for your EVS project? |
|  |
| ***Considering cultural and religious differences, what do you think could become an obstacle for you when adapting to everyday life.*** |
|  |
| Have you ever been to Estonia? Where and for how long? |
|  |
| Describe your travel experience to other countries. |
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| What is the longest time you spent abroad? |
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| Additional information |
| Do you have a driving licence? |
|  |
| Do you have any physical limitations or special needs? |
|  |
| Are you allergic to plants, animals or other things?  |
|  |
| Do you have any other health problems? |
|  |
| Are there things you cannot do for health reasons? |
|  |
| Do you need any special diet (vegetarian etc)? |
|  |
| Do you smoke? |
|  |
| Do you have any objection to sharing a room? If your answer is Yes, please explain why. |
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| Person to contact for questions in case of emergency (contact person) |
| Family name | (Mr/Ms) |  | First name |  |
| Relation to applicant |  |
| Address  |  |
| Home phone no. |  | Mobile no. |  |

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| Where did you receive information about the open placements? E.g. Facebook, EstYES web page, web page of some other organisation, from a friend etc.  |
| ELIX Facebook and Web Page [www.elix.org.gr](http://www.elix.org.gr/)  |