**VOLUNTEER EXCHANGE FORM**

**European Youth Exchange**

**« Mountain Wonders » from October 21st to November 11th 2017**

**I - Identification of the European Youth Exchange**

|  |  |
| --- | --- |
| **Title of the European youth exchange** | « MOUNTAIN WONDERS » |
| **Host organisation** | Les Villages des Jeunes, Solidarités Jeunesses PACA, ferme du Faï, 05400 Le Saix- FranceTel :  + 33 4 92 57 26 80 / Mail : dr@villagesdesjeunes.org |
| **Dates of the European youth exchange** | 21/10/2017 (arrival day) to 11/11/2017 (departure day) |

**II - Identification of the participant**

***II.1. Contact details***

|  |  |  |  |
| --- | --- | --- | --- |
| **Title (Mr/Ms)** |  | **First name** |  |
| **Family name** |  |
| **Address**  |  |
| **Postcode** |   |  **City** |   |
| **Country** |  |
| **Telephone 1** |  | **Telephone 2** |  |
| **Mobile** |  | **Fax** |  |
| **E-mail address** |  |

***II.2. Emergency contact details***

|  |  |  |  |
| --- | --- | --- | --- |
| **Title (Mr/Ms)** |  | **First name** |  |
| **Family name** |  |
| **Telephone 1** |  | **Telephone 2** |  |
| **Mobile** |  | **Fax** |  |
| **E-mail address** |  |

***II.3. Other information***

|  |  |
| --- | --- |
| **Date of birth / Age** |  |
| **Occupation (student, salaried, unemployed, other)**  |  |
| **Special requirements for travels and/or during the stay (mobility, dietary, medical, etc…)** |  |
| **Experience with former international activities (youth exchanges / international workcamps / other)** |  |
| **Motivation and expectations** | **Why are you interested in this European youth exchange? Do you have specific expectations? Is there any specific activity or theme you would like practice?** |
| **Experience in collective life** | **Please indicate if you have any experience in collective life and/or how much you are ready to contribute and take your turn in the everyday life of the exchange (helping to prepare the meals, cleaning, washing-up, organising games, evenings...)** |
| **Languages spoken** |  |
| **Languages understood** |  |
| **Other information you would like to mention** |  |

***Please send this application form duly completed by email to: estyes@estyes.ee***