**VOLUNTEER EXCHANGE FORM**

**European Youth Exchange**

**Transformative Cinema - 5-26 of July 2019**

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

|  |  |
| --- | --- |
| **Title of the European youth exchange** | Transformative Cinema |
| **Host organisation** | Address: Solidarites Jeunesses REV - 8 Rue de la Chapelle, 30640 BeauvoisinPhone number: 06 48 13 65 73Email address: sjrev@orange.fr |
| **Dates of the European youth exchange (including arrival and departure days)** | Arrival on the 5th of July - Departure of the 26th of July 2019 |

**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, employed, 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?** |
| **Languages spoken** |  |
| **Languages understood** |  |
| **Other information you would like to mention** |  |

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