**APPLICATION FORM**

**European Solidarity Corps Project in Estonia**

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| **ESC Volunteering Teams in Estonia at Nõva village**  ***15.05.2025 - 30.05.2025 (which include travel days)*** |

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| Photo |

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| Family name | (Mr/Ms) |  | First name |  |
| Date of birth | dd/mm/yy |  | Age |  |
| Gender |  |  |  | |
| Street address | |  | | |
| Postcode | |  | City |  |
| Region | |  | Country |  |
| Email | |  | | |
| 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 Solidarity Corps 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? |
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| Why did you choose this project? What do you expect from the project? |
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| Which challenges and difficulties do you think you will encounter when living in another culture with a different set of values? |
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| Details about your sending organisation if you have one (contact person, e-mail, phone, fax). |
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| Please describe how you created the contact with your sending organisation, describe your cooperation and possible future plans. |
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| Have you ever been to Estonia? Where and for how long? |
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| 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? |
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| Do you have any physical limitations or special needs? |
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| Are you allergic to plants, animals or other things? |
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| Do you have any other health problems? |
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| Are there things you cannot do for health reasons? |
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| Do you need any special diet (vegetarian etc)? |
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| Do you smoke? |
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| 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 who also speaks English (contact person) | | | | |
| Family name | (Mr/Ms) |  | First name |  |
| Relation to applicant | |  | | |
| Address | |  | | |
| 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. |
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| Please make sure that you’re registered on European Solidarity Corps database and provide your ESC number below. You can register here: <https://europa.eu/youth/solidarity_en> |
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