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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | | | | | | |  | | | | Add a photo | | | | | | | |
| Surname: | | |  | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | Nr: | |  | | | | |
| City: | | |  | | | Postal code | | | | | |  | | | | | | | |
| Region*:* | | |  | | Country: | | | | | |  | | | | | | | | |
| Telephone  *(With prefix)* | | |  | | | | | | | | | | | | | | | | |
| Mobile: :  *(With prefix)* | | |  | | | | | | | | | | | | | | | | |
| E-mail: | | |  | | | | | | | | | | | | | | | | |  | | | | | | | |
| **Personal data:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of birth: | | | |  | | | | |  | | | | | | |  | | | | | | | | | | | | | | | |
| Nationality: | | | |  | | | | | Gender: | | | | | | | 🞐 | | | Male | | | | | | | | 🞐 | | Female | | |
| Do you have any allergies? | | | | | | | | | | | | | | | | | 🞐 | | | | Yes | | | | 🞐 | | | | | No | |
| If yes, specify | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have any particular dietary needs? | | | | | | | | | | | | | | | | | 🞐 | | | | Yes | | | | 🞐 | | | | | No | |
| if, yes specify | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| ARE you already A VOLUNTEER? | | | | | | | | | | | | | | | | | 🞐 | | | | Yes | | | | 🞐 | | | | | No | |
| WHERE? |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For how long? | | 🞐 | < 3 months | | | | | | 🞐 | < 6 months | | | | | | | | 🞐 | | | < 1 year | | | | | | | 🞐 | | | > 1 year |
| **Emergency contact:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname: | | |  | | | | | | | | | | Name*:* | | | | | | |  | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | N°: | | |  | | | | | City: | | | | | | |  | | | | | | |
| Telephone:  *(With prefix)* | | |  | | | | | | | | Mobile:  *(With prefix)* | | | | | | | | | | | | Telephone:  *(With prefix)* | | | | | | | | | |
|  | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| L**anguage ability:** | | | | | | |
|  | | | | | | |
| L**anguage** |  | B**asic** | **Intermediate** | **Good** | **Fluent** | **Mother tongue** |
| English | Oral |  |  |  |  |  |
|  | Written |  |  |  |  |  |
|  | Read |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Non formal education:** | | | | | | | | |
| Please, put an X in the activities in which you have some experience. | | | | | | | | |
|  | | | | | | | | |
| 🞐 | Volunteering | 🞐 | Sports | 🞐 | | | GRAFFITI | |
| 🞐 | Theatre | 🞐 | ENVIROMENT | 🞐 | | | Youth exchanges | |
| 🞐 | Music | 🞐 | Handcraft | 🞐 | | | ART AND CULTURE | |
| 🞐 | Painting | 🞐 | MEDIA AND COMMUNICATION | 🞐 | | | Other | |
| 🞐 | Singing | 🞐 | Organisation of events | | Specify: | | |  |
| 🞐 | Dancing | 🞐 | YOUTH INFORMATION | | |  | | |
| 🞐 | Juggling | 🞐 | Summer camps | |  | | | |
|  | | | | | | | | |
| **IN WHICH OF THE FOLLOWING YOUTH EXCHANGE CATECORIES DO YOU HAVE EXPERIENCE. PLEASE EXPLAIN.** | | | | | | | | | |
|  | | | | | | | | | |