|  |
| --- |
| **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)* |
|  |  |  |  |

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| --- |
| 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.** |
|  |