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| **EUROPEAN VOLUNTARY SERVICE** |
| **HOSTING ORGANIZATION INFORMATION :** |
| **SENDING & COORDINATIONG ORGANIZATION:** **Internatıonal Youth Actıvıtıes Center Association - IYACA**  |
| **[01] PERSONAL DETAILS**  |
| Organization Full Name |  | PIC Number |  |
| Accreditation Number |  | Accreditation Type |  |
| Contact Person Name and surname |  | E-mail 1 |  |
| E-mail 2 |  | Mobile Phone number |  |
| **[02] GENERAL INFORMATION ABOUT YOU** |
| **Short description of your organization?** |  |
| **Number of the volunteers can be hosted at the same time?** |  |
| **Let us to know your certain date to host volunteers** |   |
| **Information about city opportunity and social life in City which place volunteering activities will go on.** |  |
| **what is objectives of the activities** |  |
| **Description of porposed activities for volunteers?****Please attached also weekly programme for volunteers** |  |
| **Expected volunteer profile?** |  |
| **Accommodation / Food / Local Transport Conditions** |  |

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| **[3] DECLARATION** |
| I declare that the information given on this form is complete and correct to the best of my knowledge and that I understand that inaccurate or false information given may result in an offer of partnership being withdrawn. |
| **Legal Representative (BLOCK CAPITALS)** |  |
| **Signature:** |  | **Date:** |  |
| **Please return completed form by email to:** evs@iyaca.org**This form should be emailed. There is no need to post or facsimile a copy.** **Deadline for application is 5pm 22ndFebruary 2015** |