|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **[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knowledge and that I understand that inaccurate or false information given may result in an offer of partnership being withdrawn.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:** [iyacaorg@gmail.com](mailto:iyacaorg@gmail.com)  **This form should be emailed. There is no need to post or facsimile a copy.**  **Deadline for application is 01 September 2018** | | | |