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|  |
| Please insert your photo above |

**QUESTIONNAIRE TO VOLUNTEER**

If you are interested in volunteering in youth hostels in Europe you should fill this application form in English. Your personal data will be used only for the purpose of volunteering activity.

**General Information**

|  |  |
| --- | --- |
| Last name | Enter your last name |
| First name | Enter your first name |
| Nationality | Enter your nationality |
| Address  | Enter your address |
| City | Add city | Country | Enter country |
| Postal code | Add code |  |  |
| Phone number | Add number | E-mail | Enter your e-mail |
| EU health insurance card number | Enter your card number |

|  |  |  |
| --- | --- | --- |
| Gender |  |  |
| Date of birth | Click here to enter a date. |

|  |  |  |
| --- | --- | --- |
| Mother tongue (s) | Enter your mother tongue |  |
| Other languages | Enter other languages |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Driver’s license |  |  | Category | Choose a category |

|  |  |  |
| --- | --- | --- |
| Person to contact in case of emergency: | Last name | Enter the last name |
|  | First name | Enter the first name |
|  | Address | Enter address |
|  | City | Add city | Country | Enter country |
|  | Phone number | Add number | E-mail | Enter e-mail |
|  | Relation to you | Enter the relation to you |

**Special Information**

Please indicate below which country you would like to volunteer in. Number 1 is of the highest preference, Number 2 – of less preference and etc.

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Preference of country
 | Enter country | Preferred areas in the selected country: | Enter areas |
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 | Enter country | Preferred areas in the selected country: | Enter areas |
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 | Enter country | Preferred areas in the selected country: | Enter areas |

|  |  |  |  |
| --- | --- | --- | --- |
| Possible starting date | Click here to enter a date. | Possible ending date | Click here to enter a date. |

|  |  |
| --- | --- |
| Minimum duration | Enter minimum duration of volunteering |
| Maximum duration | Enter maximum duration of volunteering |

Expectations (what do you want to achieve with your participation):

|  |
| --- |
|  |
|

|  |
| --- |
| Circumstances/special needs that may influence the capability to carry out voluntary tasks: |
|  |

 |
| Please enclose to this questionnaire and tick below the following documents (all the documents are compulsory): |
|  |
|  |
|  |
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|  |  |
| --- | --- |
| **IMPORTANT:** | **Your final selection will be confirmed 2 to 3 months before the starting date of your volunteering. Upon confirmation, you must contact the embassy of the host country for the other required documents (other than volunteering agreement).** |

I hereby certify that the above mentioned information is truthful. Should I be selected, I am duly aware of the all the general conditions and costs.

|  |  |  |  |
| --- | --- | --- | --- |
| Last name, First name and Signature | Click here to enter name | Date | Click here to enter a date. |