



ICDCE

CANDIDATE'S APPLICATION FORM

PLEASE FILL THIS FORM ELECTRONICALLY AND SEND IT TO US AS E-MAIL ATTACHMENT / WORD or PDF DOCUMENT / HANDWRITTEN APPLICATION IS ALSO ACCEPTED.

Space to be filled out **only** by the Sending Organisation

From _____ To _____

1. Last Name _____ 2. Sex Female
 First Name _____ Male

3. Personal Address _____

4. Telephone _____ E-mail _____

6. Date of Birth (D/M/Y) _____ Place of Birth _____

7. Nationality _____ Passport-Number _____

8. Marital Status _____ Religion _____

9. Family Members

Relationship	Name	Date of Birth (D/M/Y)	Living with you? Y/N
Mother/Guardian	_____	_____	_____
Father/Guardian	_____	_____	_____
Sisters/Brothers	_____	_____	_____
	_____	_____	_____
Spouse/Partner	_____	_____	_____
Children	_____	_____	_____
	_____	_____	_____

10. Family's address/telephone/e-mail if different from yours _____

11. Person to contact in case of emergency (name, address, telephone, e-mail) _____

12. Please describe your current living situation (with family, friends / house, flat / city, small town).

13. Please describe your educational background/training

Subject	School/College	Years	Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional comments you want to add:

14. Please give details of any previous or current work experience.

15. What is your mother tongue? _____ Do you speak any foreign languages?

Language	Years studied	Fluent	Good	Fair	Basic
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. What are your hobbies?

17. What are your future plans?

18. Please describe yourself, including your strengths and weaknesses.

19. Please describe briefly a national and/or international issue that has affected you.

20. Have you had any international experiences (for example: camps and conferences in other countries, contact with people of other cultures, etc.)? If so, please give details.

21. Have you been involved in any organisations, movements, service programmes and other projects? If so, please give details.

22. Do you have any current or previous involvement in voluntary work? If so, please give details.

23. What is your understanding of voluntary work?

24. What are your main reasons for going abroad?

25. What type of voluntary work would you like do and why? (Please list project preferences on a separate sheet)

26. What skills do you have?

- | | |
|--|--|
| <input type="checkbox"/> Working with children/youth | <input type="checkbox"/> Manual skills (please specify)_____ |
| <input type="checkbox"/> Working with disabled | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Working with elderly people | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Music |
| <input type="checkbox"/> Others, please specify_____ | |

27. Do you have a driver's licence/permit? If so, would you be willing to drive in a foreign country?

- Yes No Yes No

28. What do you hope to gain from and achieve during the voluntary service programme?

29. What challenges and difficulties do you think you will encounter living in another culture with a different set of values?

30. Indicate your preference from the following types of **living situations** in which you would like to be placed. Please note that in some countries only one of the following options may be available.

- ___ Host family
___ living in a residential social work project

Please give reasons for your choice.

Do you have any objections to sharing a room? Yes No

If your answer is yes, please explain why.

31. Do you smoke? Yes No

32. Do you have special dietary requirements? Please indicate.

- No
 Vegetarian _____
 Other _____

33. Do you have any allergies? Yes No If yes, indicate what kind _____

Please feel free to provide additional information here or on the following page.