

Application for European Voluntary Service (EVS) With AFS Interkultur as coordinating organisation (Denmark)

TO BE COMPLETED BY THE APPLICANT

Please fill out this form as detailed as possible and attach the complete form along with your CV in an email to evs-denmark@afs.org

Please make sure that you are sending the application within the right time frame (If you send an email to evs-denmark@afs.org you will get an automatic reply with information about our active projects and time frames for applying.)

Name of the host project in Denmark you are applying for:

PIC of the host project:

Where/how did you find this project?

Volunteer Data

First name:

Picture:

Surname:

Date of birth (DD/MM/YYYY):

Gender:

Nationality:

Street address:

Postal code, town:

Region, Country:

Telephone /mobile phone:

Email-address:

Driving licence (yes/no):

Emergency contact in your home country:

Surname	
First name	
Street address	
Postal code, town, country	
Telephone, email	

What is your educational background?

What are you currently doing?

What relevant work experience do you have? Professional and voluntary.

Spoken languages				
fluently				
good				
little				

Do you have any other qualifications and/or experiences (e.g. computer, courses, travel) relevant for this EVS experience?

What are your strengths and challenges? What values are most important to you?

What are your hobbies/interests?

Do you have any special needs that would need to be taken into account? (e.g. allergies, dietary needs, problems of mobility, health care, physical disability, psychological problems)

This project requires that you live in a students apartment with international and Danish university students. Please share with us your reflections on this.

What would you like to gain from EVS and what dreams do you have for your professional future after the EVS?

Your motivation Letter.

Why are you motivated to volunteer at this specific project? What will the project get from selecting you as their volunteer? (Please write ½ - 1 page)

TO BE COMPLETED BY THE SENDING ORGANISATION

C.2. Partner Organisation

Sending Organisation:	
PIC:	
Phone:	
Fax:	
Email :	
Website:	
Address:	
Contact Person	
Emergency Contact	

C.2.2. Accreditation

Has the organisation received any type of accreditation before submitting this application?

Accreditation Type

Accreditation Reference

C.2.3. Background and Experience

Please briefly present the partner organisation:

(max 5000 characters)

What are the activities and experience of the organisation in the areas relevant for this application?

(max 5000 characters)

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What are the skills and expertises of key staff/persons involved in this application?

(max 5000 caracteres)

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C.2.4. Legal Representative

Title(Mr/Ms/Mrs):	
Gender (Male/Female)	
First Name:	
Family Name:	
Department:	
Position:	
Email:	
Telephone:	

Contact Person

Title(Mr/Ms/Mrs):	
Gender (Male/Female)	
First Name:	
Family Name:	
Department:	
Position:	
Email:	
Telephone:	