****

EstYES

Wiedemanni 3

10126 Tallinn

Tel. +372 601 3098

estyes@estyes.ee

www.estyes.ee

**Application for European Solidarity Corps Project in Estonia**

|  |  |
| --- | --- |
| Please indicate the name of the project you would like to apply for (up to 3 projects in preference order). |  |

|  |
| --- |
| Picture |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family name | (Mr/Ms) |  | First name |  |
| Date of birth | dd/mm/yy |  | Age |  |
| Gender |  |  |  |
| Street address |  |
| Postcode |  |  City |  |
| Region |  | Country |  |
| Email |  |
| Home phone no. |  | Mobile no. |  |
| Place of birth |  | Nationality |  |

|  |
| --- |
| Background information |
| What is your current situation (studying, working, unemployed)? |
|  |
| Your education. Where, what and for how long did you study? |
|  |
| Work experience. Where did you work and what did you do? |
|  |
| Which languages do you speak? |
| Language | Basic | Good | Fluent |
|  |  |  | Mother tongue |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Please describe yourself including strengths and weaknesses. |
|  |

|  |
| --- |
| Motivation |
| Why would you like to take part in European Solidarity Corps project? |
|  |
| Did you ever do any social or voluntary services? What did you do? |
|  |
| What are your hobbies? Are there things you are extremely good at? |
|  |
| Why did you choose this project? What do you expect from the project? |
|  |
| How do you see yourself in the project you are applying for? What exactly can you contribute? How can the project benefit from selecting you? |
|  |
| What goals do you want to reach during your voluntary service? |
|  |
| ***Where do you prefer to do your voluntary service? Why?*** |
|  |  In a city |  | In a rural area |
|  |
| Describe your experience, knowledge and skills which could help you in your ESC. |
|  |
| Which challenges and difficulties do you think you will encounter when living for a long time in another culture with a different set of values? |
|  |
| ***How do you ensure the continuity of this commitment (during 9-12 months)?***  |
|  |
| What do you intend to do after the voluntary service? |
|  |
| When do you prefer to start the project? For how long? |
|  |
| Details about your sending organisation (contact person, e-mail, phone, fax). |
|  |
| Please describe how you created the contact with your sending organisation, describe your cooperation and possible future plans. |
|  |
| Why did you choose Estonia for your ESC project? |
|  |
| ***Considering cultural and religious differences, what do you think could become an obstacle for you when adapting to everyday life.*** |
|  |
| Have you ever been to Estonia? Where and for how long? |
|  |
| Describe your travel experience to other countries. |
|  |
| What is the longest time you spent abroad? |
|  |

|  |
| --- |
| Additional information |
| Do you have a driving licence? |
|  |
| Do you have any physical limitations or special needs? |
|  |
| Are you allergic to plants, animals or other things?  |
|  |
| Do you have any other health problems? |
|  |
| Are there things you cannot do for health reasons? |
|  |
| Do you need any special diet (vegetarian etc)? |
|  |
| Do you smoke? |
|  |
| Do you have any objection to sharing a room? If your answer is Yes, please explain why. |
|  |

|  |
| --- |
| Person to contact for questions in case of emergency (contact person) |
| Family name | (Mr/Ms) |  | First name |  |
| Relation to applicant |  |
| Address  |  |
| Home phone no. |  | Mobile no. |  |

|  |
| --- |
| Where did you receive information about the open placements? E.g. Facebook, EstYES web page, web page of some other organisation, from a friend etc.  |
|  |

|  |
| --- |
| Please make sure that you’re registered on European Solidarity Corps database and provide your ESC number below. You can register here: <https://europa.eu/youth/solidarity_en>  |
|  |