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|  | **application form**  **for**  **LTV projects** |

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| **I. personal data** | | | |
| **first name** |  | **family name** |  |
| **gender** |  | **nationality** |  |
| **date of birth** |  | **age** |  |
| **place of birth** |  |  |  |
| **Name of your mother** (Unterhaltspflichtig) |  | **Name of your father**  (Unterhaltspflichtig) |  |
| **passport** |  | **issued by (date)** |  |
| **number** (Reisepass)  **Place of passport issue (Town or city)** |  | **expiry date** |  |
| **e-mail:** |  | **skype contact** |  |
| **present address** | country:  telephone: | **home address**  (if different) | country:  telephone: |
| **EMERGENCY-CONTACT** | | | |
| **name:**  **address:**  **e-mail:**  **telephone:** |  | | |

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| **II. project** | | |
| **sending organisation** |  | |
| **Hosting organisation/hosting country** |  | |
| **name of project** |  | |
| **How long do you wish to serve?** | |  |
| **Dates between which you are available for a voluntary service:** | |  |

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| **III. motivation LTV** |
| **Explain as fully as possible**   * **why you are applying for this project?** * **what contribution do you hope to make as a volunteer? (e.g. former experiences with communities or voluntary groups)** * **what do you expect to learn from the project?** |
|  |
| **What do you hope to gain from the experience of joining the programme of SCI-long-term-volunteering (preparation / project / mentoring / evaluation)?** |
|  |
| **What contribution do you expect or hope to make on your return after the voluntary project?** |
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| **How do you like to spend your free time?** |
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| **IV. languages** | | | | | | | | | |
| **mother tongue** |  | | | | | | | | |
|  | **Speak** | | | **Write** | | | Read | | |
|  | good | fair | slight | good | fair | slight | good | fair | slight |
| 1. |  | | |  | | |  | | |
| 2. |  | | |  | | |  | | |
| 3. |  | | |  | | |  | | |

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| **V. further information** | |
| **Do you have any significant health problems that would affect your participation in the voluntary project?** Volunteers have a personal responsibility to ensure that they are in good health, fit for travel, and have received all vaccinations appropriate for their destination |  |
| **Do you take any regular medication?** |  |
| **What is your blood-group? (if you know it)** |  |
| **studies / occupation / hobbies** (please give a short overview)**:** |  |
| **Skills, you like to mention which might be relevant for the work in the project** (e.g. experience in the work with children; important for some projects – do you have a driver’s license?)**:** |  |
| **Previous voluntary experience; Please give details about your experience with SCI and other organisations:** |  |
| **Please give details of any significant travel or periods living abroad:** |  |
| **Special wishes** (e.g. special diet)**:** |  |