

Candidate's Application

for the volunteer programme

Please read carefully before answering.
2 copies for EdSense e. V. and the host family

1. Personal data

Last name _____
First name _____

Sex Male
 Female

Date of birth _____
Place of birth _____

Nationality _____
Religion _____
Marital status _____
Passport-Nr. _____

Your first address
(street, postal code, city, country)

Telefon _____
Mobile _____
eMail _____

Persons to contact in case of emergency
(two persons are necessary Please specify by name, address, phone and eMail)

1. _____

2. _____

Do you have a driver's licence?
 Yes, licence-no.: _____
 No

Would you like to drive in a foreign county?
 Yes
 No

Please add a photo here

2. Educational background

Please describe your educational background or training
(add some general information about the subjects, the school or college)

1. _____

2. _____

3. _____

Please describe yourself, your strengths and weaknesses

Do you have any international experiences? Please give details. (e.g.: camps and conferences in other countries, contact to foreign persons,...)

3. Voluntary work

Do you have a current or previous involvement in voluntary work? Please give details.

What is your understanding of voluntary work?

What are your main reasons for going abroad?

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What kind of voluntary work would you like to do and why?

For available options, please read carefully the National Profile and/or Volunteer Service Guide of your future host country.

What challenges and difficulties do you think you will encounter during a longer time, living in another culture with a different set of values?

Please list the countries you wish to go in order of preferences and give some reasons.

1. _____

2. _____

3. _____

4. Your volunteer programme

During which time do you prefer to start and finish your programme? How long will it take? (duration from min. 3 up to 24 months)

- starting
- ending in

_____ Month _____ Year _____ Duration

1. _____
2. _____

5. Health examination

Please answer a view questions about your healthiness regarding to the missing medical care abroad.

Do you have any allergies or health problems? Please indicate if existing.

Do you need to take any pharmaceuticals periodically? What kind of pharmaceuticals?

Please complement this form providing additional information about your motivation and expectations on a seperate sheet of paper.

That's it!
Thank you very much!

I am aware that EdSense e.V. is not financially responsible if the exchange programme is interrupted due to war, civil commotion or a natural catastrophe in the host country.

City, Date

Candidate's signature

Filled out by association

Appl.-No.

Date of receipt

Coordinator's signature

Notes