

APPLICATION FORM

Please write in English



SURNAME FIRST NAME

MALE FEMALE OTHER

RESIDENTIAL ADDRESS

STREET
POSTCODE
CITY
COUNTRY

* ONLY IF YOU NEED VISA

PASSPORT NUMBER *
PASSPORT ISSUED DATE *
PASSPORT EXPIRY DATE *
PASSPORT ISSUED BY*

PERSONAL DETAILS

BIRTHDATE
CITIZENSHIP 1
CITIZENSHIP 2

E-MAIL
MOBILE
OCCUPATION

EMERGENCY CONTACT *It must be either a reachable relative or life partner

NAME
RELATION

TELEPHONE
E-MAIL

LANGUAGES speak well

speak some

REMARKS ON PHYSICAL HEALTH / MENTAL HEALTH / SPECIAL DIETARY RESTRICTIONS OR REQUIREMENTS

REMARKS ON RELIGIOUS OR OTHER CONSIDERATIONS EUROPEAN HERITAGE VOLUNTEERS SHOULD BE AWARE ABOUT

PAST VOLUNTEER EXPERIENCE (hosting organisation, country, year and type of work)

COURSES / PROJECTS IN ORDER OF PREFERENCE

How many projects would you wish to join?

1 2 3 4

Code (Refer to the Calendar)	Title/Location	Dates
1		
2		
3		
4		
5		
6		

GENERAL REMARKS

Submission of this form implies the explicit and unconditional acceptance of the conditions of participation of the European Heritage Volunteers Programme as expressed in the homepage www.heritagevolunteers.eu/HowToParticipate. Please read the terms before submitting this form.

Date

Signature