APPLICATION FORM

Please write in English.

SURNAME **FIRST NAME** **As in ID.**

MALE ☐ FEMALE ☐ OTHER ☐

RESIDENTIAL ADDRESS

STREET POSTCODE CITY COUNTRY

PERSONAL DETAILS

BIRTHDATE CITIZENSHIP 1 CITIZENSHIP 2

E-MAIL MOBILE PHONE OCCUPATION

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

NAME MOBILE PHONE

RELATION E-MAIL

LANGUAGES SPEAK WELL SPEAK SOME

REMARKS ON PHYSICAL HEALTH / MENTAL HEALTH / SPECIAL DIETARY RESTRICTIONS OR RELIGIOUS CONSIDERATIONS

PAST VOLUNTEER EXPERIENCE (HOSTING ORGANISATION, COUNTRY, YEAR AND TYPE OF WORK)

COURSES / PROJECTS IN ORDER OF PREFERENCE

	CODE (Please refer to the Calendar)	TITLE / LOCATION	DATES
1			
2			
3			
4			
5			
6			

In how many courses / projects would you wish to participate in? **Minimum** **Maximum**

General availability timeframe **Earliest starting day** **Latest ending day**

Do you require a visa to participate in the selected course(s) or project(s)? **Yes** ☐ **No** ☐

Do you need a visa to visit any of the Schengen countries? If yes, please specify. **Yes** ☐ **No** ☐

Do you need a visa to visit any of the non-Schengen countries which are hosting course(s) or project(s)? **Yes** ☐ **No** ☐

Are you considering using your participation for university-related benefits (e.g., credit points, thesis work, or study projects)? If yes, please specify. **Yes** ☐ **No** ☐

Are you considering applying for external funding to support your participation? **Yes** ☐ **No** ☐

If yes, please specify the funding source(s).

GENERAL REMARKS

DATE **SIGNATURE**

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.