

# Erasmus+ volunteering

(previously called EVS projects)

Application for “(Dis)appearing (dis)abilities with Schuman volunteers” project held in 2018/2019

## PART 1. PERSONAL INFORMATION

### Your data

First name:	
Surname:	
Date of birth:	
Sex:	
Nationality:	
Current address:	
Telephone / Mobile:	
E-mail address:	
Skype:	
European Solidarity Corps Number (for EU citizens only)	

### Emergency contact person

Name:	
Who is this person to you (friend, family member, etc.):	
Address:	
Telephone:	
E-mail address:	

### Your Sending organization

Name:	
Address:	
Phone:	
E-mail:	
Contact person:	

## PART 2. CURRICULUM VITAE

Please describe briefly characteristics of your personality

<b>My skills:</b>	
<b>My qualities:</b>	
<b>My weaknesses:</b>	
<b>How I solve problems:</b>	
<b>My social life:</b>	
<b>My free time:</b>	
<b>My dreams:</b>	

### Present situation

<b>Employment Status:</b>	
<b>Formal education:</b>	
<b>Non-formal education:</b>	

### Volunteering experience

Have you ever participated in EVS?

No

Yes (If yes, when?, for how long?, what kind of activities you took part during EVS)

Remember that if you were in EVS for more than 2 months you can't apply for another EVS project

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If you have any other volunteering experience, please specify in what organizations and when did you do the volunteer work, what type of work was it and what responsibilities did you have and what did you learn?

**Experiences in international contexts**

(abroad, with people from other countries or cultures).

**Language skills**

Language	Level : mother tongue/fluent/good/basic/ beginner

**PART 3. ERASMUS + VOLUNTEERING PROJECT**

**Please indicate your selected RECEIVING ORGANIZATION:**

- The Polish Robert Schuman Foundation in Warsaw (PIC number: 949724770)
- European Integration Club at the School Complex in Wojkowice (PIC number: 944108470)
- Special Kindergarten No 213 in Warsaw (PIC number: 945041610)
- Special Kindergarten No 393 in Warsaw (PIC number: 944083541)
- Special Kindergarten No 245 for Visually Impaired Children in Warsaw (PIC number: 944042801)
- Kindergarten No 146 in Warsaw (PIC number: 913835546)
- Primary School with integrative classes No 318 in Warsaw (PIC number: 909828476)

\*a PIC number: the 9-digit Participant Identification Code is used to identify organisations throughout the different steps of a project's lifecycle. Check organization here <http://ec.europa.eu/education/participants/portal/desktop/en/organisations/search.html>

**Please describe your motivation and expectations of your volunteering in this SELECTED RECEIVING ORGANIZATION** (What attracts you in this Receiving Organization?)

**Please describe briefly in your own words how you imagine your activities in this SELECTED RECEIVING ORGANIZATION**

**Describe your experiences, skills and knowledge that you have and that you think might be useful for carrying out the volunteer tasks in SELECTED RECEIVING ORGANIZATION**

**What do you hope to learn from this volunteering experience?**

**What difficulties can you imagine during your activities in SELECTED RECEIVING ORGANIZATION? How would you solve them?**

**What are your plans after this volunteering project?**

**Have you ever had any personal/professional contact with children/adults with disabilities? If yes, please describe it.**

**One of the project activities is to organize together with other volunteers a happening promoting social inclusion of people with disabilities. What ideas could you propose?**

#### PART 4. ADDITIONAL INFORMATION

**Are you facing any situation(s) that might make your participation in volunteering activities more difficult (disability, discrimination of any kind, economic difficulties, cultural differences, social difficulties, health problems etc.\*)?**

\* Please take into account, that none of the listed situations can prevent you from taking part in the Program. We need this information to see if we are able to host you properly and to prepare opportunity, not to exclude you from the selection process on that basis. You can read about Inclusion strategy of the Program here: <https://www.salto-youth.net/rc/inclusion/inclusionforinas/inclusionstrategy/>

**Do you have any other special needs or medical conditions that the organization should be aware of (diet, allergies, mobility problems, medical treatment, personal support, etc.)?**

*I hereby authorize Polska Fundacja im. Roberta Schumana to process my personal data included in my application form for the needs of the recruitment process within Erasmus+ Programme with (in accordance with the Personnel Protection Act of 29.08.1997 no 133 position 883).*

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Place and date

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Signature of the volunteer