



# ICYE

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## CANDIDATE'S APPLICATION

Read carefully before answering. Use print letters and submit 2 copies.  
Copies will be sent to Hosting Organisation, Host Family, Host Placement and International Office.

Space to be filled out **only** by the Sending Committee

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**Programme year** 20 – 20 **Period**  1 year  6 months  Other \_\_\_\_\_

**ICYE Prog.**  Long-Term Volunt.Serv. **Other Prog.**  WW/IJFD  VM/UK

**1. Last Name** \_\_\_\_\_

**2. Sex**  Female

**First Name** \_\_\_\_\_

Male

**3. Personal Address** \_\_\_\_\_  
(street, postal code, city, country) \_\_\_\_\_

**4. Telephone** (+ ) - \_\_\_\_\_

**E-mail** \_\_\_\_\_

**5. Date of Birth (D/M/Y)** \_\_\_\_\_

**Place of Birth** \_\_\_\_\_

**6. Nationality** \_\_\_\_\_

**Passport Number** \_\_\_\_\_

**7. Marital Status** \_\_\_\_\_

**8. Family's address/telephone/e-mail if different from yours.**

**9. Person to contact in case of emergency (name, address, telephone, e-mail).**

**10. Please describe your current living situation (with family, friends / house, flat / city, small town).**

**11. Please describe your educational background/training.**

Subject	School/College	Years	Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Additional comments you want to add:**

**12. Please give details of any previous or current work experience.**

**13. What is your mother tongue? \_\_\_\_\_ Do you speak any foreign languages?**

Language	Years studied	Fluent	Good	Fair	Basic
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. What are your hobbies?**

**15. What are your future plans?**

**16. Please describe yourself, including your strengths and weaknesses.**

**17. Please, describe briefly a national and/or international issue that has affected you.**

**18. Have you had any international experiences (for example: camps and conferences in other countries, contact with people of other cultures, etc.) ? If so, please give details.**

**19. Have you been involved in any organisations, movements, service programmes and other projects? If so, please give details.**

**20. Do you have any current or previous involvement in voluntary work? If so, please give details.**

**21. What is your understanding of voluntary work?**

**22. What are your main reasons for going abroad?**

**23. What type 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.**

**24. What skills do you have?**

- |   |   |
|---|---|
| <input type="checkbox"/> Working with children/youth  | <input type="checkbox"/> Manual skills (please specify) _____ |
| <input type="checkbox"/> Working with disabled        | <input type="checkbox"/> Teaching                             |
| <input type="checkbox"/> Working with elderly people  | <input type="checkbox"/> Sports                               |
| <input type="checkbox"/> Computers                    | <input type="checkbox"/> Music                                |
| <input type="checkbox"/> Others, please specify _____ |   |

**25. Do you have a driver’s licence/permit? If so, would you be willing to drive in a foreign country**

- Yes  No  Yes  No

**26. What do you hope to gain from and achieve during the exchange programme ?**

**27. What challenges and difficulties do you think you will encounter during a year, living in another culture with a different set of values?**

**28. Please, indicate from the following types of living situations in which you would prefer to live. Please note that in some countries only one of the following options may be available.**

- Host family  Living in a residential social work project

Please give reasons for your choice.

Do you have any objections to sharing a room?  Yes  No

If your answer is yes, please explain why.

29. Do you smoke?  Yes  No

30. Do you have special dietary requirements? Please indicate.

No  Vegetarian \_\_\_\_\_  
 Other \_\_\_\_\_

31. Do you have any allergies?  Yes  No

If your answer is yes, please indicate what kind.

*Please feel free to complement this form providing additional information on a separate sheet of paper.*

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

Date \_\_\_\_\_ Signature of Candidate \_\_\_\_\_

Date \_\_\_\_\_ Signature of Coordinator \_\_\_\_\_  
 (Sending National Committee)

**DATA PRIVACY DISCLAIMER**

I agree that ICYE may collect, use and share my personal data as well as the data provided for third parties mentioned in this form (your emergency contact), with the following programme stakeholders: hosting organisation, host family, host placement, insurance company and the ICYE International Office.

In accordance with our data protection policy [available at <http://www.icye.org/data-privacy/>], your personal data will be securely stored and be kept indefinitely for statistical, bookkeeping and transparency reasons, but by no means for commercial or promotional purposes. If you do not want your data to be stored, please contact your sending organization.

If you would like your data to be deleted at the end of your contract/volunteering period, or at a later date, please inform/contact your sending organisation.

Please tick one of the following boxes:  *I consent*  *I do not consent*

Date \_\_\_\_\_ Signature of Candidate \_\_\_\_\_

If selected to participate in the ICYE volunteering programme, I also agree that ICYE may collect and use my photos and articles on the website, on social media, in newsletters, etc. for promotional purposes.

Please tick one of the following boxes:  *I consent*  *I do not consent*

Date \_\_\_\_\_ Signature of Candidate \_\_\_\_\_