**APPLICATION QUESTIONNAIRE FOR**

**EUROPEAN SOLIDARITY CORPS PROJECT:**

**„PROUD VOLUNTEERS FOR SOLIDARITY 7”**

**for the Volunteering Position in the Kindergarten**

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| **Personal information:** |
| Name:  | Surname:  |
| Date of birth:  | Nationality:  |
| Phone number:  | Country of residence:  |
| Email: | Place of birth:  |
| ESC participant number:  | Sex: M / F/ Non-binary |
| Sending Organization from your country of residence: |

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| --- |
| **Address:**  |
| Country:  | City:  |
| Postcode:  | Street and flat/house number:  |

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| **Emergency contact details:**  |
| Name and surname:  | Address:  |
| Email:  | Phone number:  |
| What’s your relation to this person?  |  |

**NOTE:** Before you start responding to questions, we would like to point out that it’s important to give us true and detailed answers because your given answers will give us an idea of your experience and of who you are. Your answers combined with your motivation letter and CV will determine whether you will be invited for an online interview or not.

**Questions:**

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| **SECTION 1: MOTIVATION AND EXPERIENCE** |
| 1. **Why did you choose our project? And why Poland?**
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| 1. **Please describe your experience in working with children/youth. If you have had any, how long did it last for and what were you doing with this group? Tell us the age of the children, number of children in the group, your role. Give examples of activities that you organized or supported.**
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| 1. **Give us specific ideas for activities about your culture / other (art, music, theatre...) that you would like to organize during volunteering time. Please write as much as you have in your mind, this will help us to make a better work plan for you.**
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| 1. **Please put the following in order of preference listing items from most preferable to the least.**
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| Intellectual work Working aloneHeavy manual workDaily contact with the public/childrenTeamwork Working outdoorsLight manual workArtworkOther: ? |
| 1. **What difficulties do you think you might face during your stay in a foreign country? How will you deal with them? What are your fears and hopes?**
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| 1. **Please describe your previous international experience, if you have had any.**
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| **SECTION 2: PERSONALITY AND BACKGROUND** |
| 1. **Please describe your personality in the following categories: strong and weak points, values, and your attitude to changes in life.**
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| 1. **Please write something about your family, friends and life in your country. What do you do in your free time?**
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| 1. **What do you plan to do after this ESC project?**
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| 1. **Other Information about yourself that you would like the project team to know.**
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| **SECTION 3: Do you consider that in your life you face some of the following obstacles:**  |

**NOTE:** please don’t hide anything, this will help us arrange necessary assistance for you during the project in advance if needed

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| 1. Disability / special needs – e.g. mental (intellectual, cognitive, learning), physical, sensory or other disabilities  | Yes/No |
| 2. Health problems - e.g. chronic health problems, severe illnesses or psychiatric conditions  | Yes/No |
| 3. Educational difficulties - e.g. learning difficulties, early school-leaver, poor school performance  | Yes/No |
| 4. Cultural differences - e.g. immigrant, refugees or with immigrant or refugee family background, belonging to a national or ethnic minority  | Yes/No |
| 5. Economic obstacles - e.g. low standard of living, low income, dependence on social welfare system, long-term unemployment or poverty, debt or financial problems  | Yes/No |
| 6. Social obstacles - e.g. facing discrimination because of gender, ethnicity, religion, sexual orientation | Yes/No |
| 7. Geographical obstacles - e.g. from remote or rural areas, young people living on small islands or in peripheral regions, young people from urban problem zones, young people from less serviced areas (limited public transport, poor facilities) | Yes/No |