If you want to apply for an EVS project in Alcobendas - Spain, please complete this application form and send it to us by email to [ejoven@imagina.aytoalcobendas.org](mailto:ejoven@imagina.aytoalcobendas.org) , with your ***CV*** and ***Motivation Letter***.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **YOUR PERSONAL DETAILS** | | | | | | |
| Family name |  | | | | | |
| First name |  | | | | | |
| Gender: | Male | | | Female | | |
| Date of birth |  | | Place of birth | | |  |
| Address: Street, Post Code, City, Country |  | | | | | |
| Nationality |  | Passport or ID number | | |  | |
| Phone number |  | E-mail | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **YOUR SENDING ORGANIZATION DETAILS** | | | |
| Official Name |  | | |
| Address |  | | |
| Phone number |  | E-mail |  |
| Contact Person |  | | |
| PIC number |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Language skills:** | | | |
| **Language:** | **Fluent:** | **Good:** | **Basic:** |
| Spanish |  |  |  |
| English |  |  |  |
| Other 1 |  |  |  |
| Other 2 |  |  |  |
| Mother tongue |  | | |
| Others |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **More Info** | | | | | |
| Do you smoke? | Yes | No | Are you vegetarian? | Yes | No |
| Do you have any special need, allergies…? Do you mind to live with people who have pets like dogs or cats? | | | | | |
| Please give details: | | | | | |
| Do you have any health related limitations which could influence your work as a volunteer? | | | | | |
| If yes, please give details: | | | | | |
| Would you like to add something else? | | | | | |
|  | | | | | |

**IMAGINA**

**C/ Ruperto Chapi,18 🞘 28100 Alcobendas 🞘 Spain**

[**europa@imagina.aytoalcobendas.org**](mailto:europa@imagina.aytoalcobendas.org)

*The personal data are incorporated and treated in the file "IMAGINA", whose purpose is the information and the dissemination of activities and participatory programs for young people. This file is registered in the General Register of the Spanish Agency of Data Protection with the number 2123270752. The body responsible for the file is the Management of Patronato de Bienestar Social and the address before which the rights of access, rectification, cancellation and opposition can be exercised is the Servicio de Juventud, Infancia y Adolescencia, c/ Ruperto Chapí nº 18, 28100-ALCOBENDAS (MADRID).*

*All that is reported in compliance with Article 5 of Organic Law 15/1999, of December 13, on the Personal Protection Data.*