**APPLICATION FORM**

**The power of IT**

**(11-17.06.2015)**

**Parnu, Estonia**

DEAR APPLICANT,

PLEASE FILL THE APPLICATION FORM ACCORDING TO THE TOPIC OF THE PROJECT. DO NOT COPY - PASTE FROM PREVIOUS APPLICATIONS, OTHERWISE YOUR APPLICATION FORM WILL NOT BE CONSIDERED.

**PERSONAL DETAILS:**

|  |  |  |
| --- | --- | --- |
| **FIRST NAME** |  | *Please insert your current photo* |
| **LAST NAME** |  |
| **DATE OF BIRTH** |  |
| **GENDER** |  |
| **LANGUAGES SPOKEN** |  |
| **PHONE NUMBER** |  |
| **E-MAIL** |  |
| **HOME ADDRESS** |  |
| **SKYPE ID** |  |
| **Facebook profile link** |  |

**PERSONAL AND PROFESSIONAL BACKGROUND (Give as much information about you as possible)**

|  |  |
| --- | --- |
| **Do you have any experience of participating in projects in the framework of the Youth in Action Programme? (Explain)****What is your experience in the youth work?** |  |
| **Please describe your knowledge and experience on the topic.** |  |
| **What is your motivation to join this project?** **What expectations do you have?** **How you will contribute in APY after your return to Armenia?** |  |
| **Please tell us about your volunteering experience with APY and in general.** |  |

**SPECIAL NEEDS, EMERGENCIES, CONDITIONS**

|  |  |
| --- | --- |
| **Special Needs or Requirements:****(**Please write if you require any special arrangements or if there are things we need to be aware of (vegetarian, allergetic etc.) |  |

**Please take note of the following conditions that will apply as you send this application form and will take part in the project of Armenian Progressive Youth NGO:**

1. I have read carefully information regarding the project of Armenian Progressive Youth NGO and I am aware about the conditions of participation.
2. I am aware that by applying to this project I confirm my full availability for the whole duration of the project.
3. I am aware that in case of cancellation of my participation without any serious justification, I will not be able to participate in any project by Armenian Progressive Youth NGO.
4. I am aware that obtaining a health and a full travel insurance are my own responsibility and at my own expenses. I understand that the information I provided on my special needs does not remove my own personal responsibility for ensuring my own health.
5. I confirm that within 1 week after coming back from the project, I will provide the PR Manager of Armenian Progressive Youth NGO with 20 best photos of the project along with an article in 2 languages (Armenian and English).
6. I commit myself to participate in the whole process of the project, including:
* to take part in the full duration of the project
* to participate in the whole evaluation process
* to share the knowledge and experience with other members of APY

**Please enter the date and tick the box below if you agree all the financial and technical conditions and requirements stated above!**

Date / Place:

Name / Surname:



**(Please tick the box)**

Please save the completed application form and send it to the following email address:

**tce@apy.am**

**DEADLINE:** 15.05.2015 23:59

**GOOD LUCK!**