



### Sending organisation

Name: ADHC EI-number : **2018-1-FR02-KA110-014427**  
Address: 5 rue de la Clastre 11380 Mas Cabardès FRANCE PIC : **944685717**  
Phone : 0468778112 or 0627950154  
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Contact person: Léa Villanueva



**EUROPEAN  
SOLIDARITY  
CORPS**

## Curriculum Vitae

### Contact Information

Surname: \_\_\_\_\_  
First name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Postcode & city: \_\_\_\_\_  
Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

(Photo)

### Personal information

Gender: \_\_\_\_\_ Nationality: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Education: \_\_\_\_\_

### Person to contact in case of emergency (Name, Address, Telephone and E-mail)

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Do you have any former work and/or volunteer experiences? (Please describe)


Do you have any leisure time activities or hobbies? (Please describe)

Do you have any former international experiences (other stays abroad, exchanges etc.)? (Please describe)


How will you describe your personality?

Do you have any special needs  
(medical conditions, handicaps etc.)?

Yes

No

Do you have any kind of allergy?

Yes

No

Do you need to take any kind of medicine?

Yes

No

Are you a vegetarian?

Yes

No

Is there any food you do not eat?

Yes

No

Please give further description if you have answered yes to any of the above questions

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Do you like animals/domestic pets?

Yes

No

Do you smoke?

Yes

No

Can you accept living with a host family?

Yes

No

Do you hold a drivers licence?

Yes

No

What are your future plans after ESC?

**Language abilities**

Language (mark by x)	Native	Fluent	Good	Basic
Danish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<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"/>

**Your motivation – Which project interest you?**

PIC number:

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Name of the project:

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When can you start the project  
and for how long:

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Please describe below carefully your motivation for this specific project





**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 \_\_\_\_\_

