**APPLICATION FORM FOR EUROPEAN YOUTH EXCHANGE**

**The Buddy's Body**

31th August-9 september 2015

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| --- | --- | --- | --- | --- |
| **Name/surname** |  | | | |
| **Date of birth** |  | **Nationality** | |  |
| **Personal address** |  | | | Postal Code: |
| City: | | | Country: |
| **e-mail** |  | **Phone number** | |  |
| **Sex** |  | | | |
| **Languages** |  | | | |
| **Emergency Contact** | Name: | | Phone: | |

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| **Motivation** |
|  |
| **Participation on similar courses** |
|  |
| **Volunteering experience** |
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