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| Salesiánská asociace Dona Boska, o. s.  Kobyliské nám. 1000/1, 182 00 Praha 8 – Kobylisy  tel. 283 029 229, email: rinaldi@sadba.org  IČO: 27006131  [www.sadba.org](http://www.sadba.org/) | | | | | | |
| **APPLICATION FORM iSEC– Inline Salesian English Camp**  **30th July to 11th August 2024** | | | | | | |
| **1. PERSONAL DETAILS** | | | | | | |
| **First Name:** | | **Surname:** | | | | |
| **Age:** | | **Address:** | | | | |
| **E-Mail address:** | | **Mobile:** | | | | |
| **2. EDUCATION & PROFESSIONAL DEVELOPMENT**   * What do you study? /Where do you work? * Do you have any special trainings? (e.g. First Aid, Health & Safety, etc.) | | | | | | |
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| **3. PERSONAL EXPERIENCE/DEVELOPMENT**   * How would you describe yourself? * What do you think your key strengths are? | | | | | | |
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| **4. MOTIVATION**   * Why would you like to come as a volunteer to iSEC? | | | | | | |
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| **5. EXPERIENCE WITH SALESIANS**   * Do you have any experiences with Salesians or other youth organisation? If yes, please give details. | | | | | | |
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| **6. Health and special needs**   * Do you have any disability or allergy? If yes, please give details. * Requirements regarding food – allergies, vegetarianism etc | | | | | | |
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| If you are completing this form electronically, by typing your name in the 'signature' section, your application will be treated as signed. | | | | | | |
| Signature: |  | | Date: |  | | |