

CONFIRMATION OF OPERATIONAL CAPABILITY
For the participation in a European Voluntary Service (EVS)

Name, Surname: _____

Date of Birth: _____

Address: _____

This document refers about my appropriate physical and psychological health for doing European Voluntary Service. I confirm my ability to complete a supporting activity e.g. in the pedagogical or organizational field abroad.

By signing I agree that I am aware about the responsibility in front of the hosting and coordinating organizations in case of providing wrong information about my physical and psychological health, no matter it affects the process of my project or not.

The term "my project" here refers to the EVS project the volunteer is applying for.

The term "physical health" here refers to the physical ability of a person to exercise his/her everyday work during the project.

The term "psychological health" here refers to the proper level of psychic welfare of a person, which will allow her/him to work with children or people with special needs, in the educative institutions, kindergartens, hospitals, orphanages etc

Entirely suitable Limited suitable

In case you are limited suitable: What must we take into the consideration about you? Do you have any health restrictions or allergies that we have to take in account by placing you in an EVS project? (Allergies, physical or mental impairments, etc...)

Place, Date, Signature

Place, Date, Signature of the guardians for applicants under 18 years old

This information is important for us to offer the volunteers the optimal support during their EVS. Besides, we are obligated to inform the hosting organizations about restrictions of the volunteer which are important to know for the placement of the volunteer in advance.

We are responsible to use the information above only for stated purpose. The information will be deleted after the selection process.