



L_nz



APPLICATION FORM

INTERNATIONAL VOLUNTEERING

CAMP: DEVELOPMENT EXPERIENCE

FOR YOUNG STUDENTS OR MEMBERS

OF YOUTH ASSOCIATIONS IN

MADAGASKAR

1. Full Name (First Name, Surname):

2. Date of Birth (DD/MM/YYYY):

___ / ___ / ____

3. What is your gender identity:

Woman

Male

Nonbinary

4. Email:

5. Phone Number:

6. Nationality:

7. Address:

8. Are you a member of a youth association?

No

Yes

9. If yes, which association do you belong to, and what is your role (e.g., member, leader, volunteer, etc.)?

10. I acknowledge that I must organize and implement an awareness raising activity upon my return from São Tomé and Príncipe:

No

Yes

11. Ideas or proposals for the initiative you could organize and who you could engage (awareness raising activities must take place by December 2025):

11. Have you ever volunteered in a country in the global south?

No

Yes

12. If yes, which country/countries?

12. Have you participated in the “Ecoality” project?

No

Yes



If yes, which activity did you take part in?

13. How do you assess your English communication skills?

- None:** Not able to understand or express basic ideas
- Basic Proficiency:** Able to understand simple conversations and express basic ideas.
- Intermediate Proficiency:** Can comfortably participate in conversations and understand most contexts but may need support with vocabulary that is more complex or grammar.
- Advanced Proficiency:** Fluent in communication, able to understand and contribute to discussions with ease in a variety of contexts.

Date: ____ / ____ / ____

Signature: _____