



***INTERNSHIP
APPLICATION FORM***

Family Name

First/Given Name

Gender

Date of Birth (Day/Month/Year)

Place of Birth

Present Nationality

Date available for internship.

From:

To:

Are you interested in a part-time or full-time internship? _____

Do you need OSVSWA association to provide accommodation (cost to be communicated)? _____

What are your qualifications / What are you studying – name of the institution:

Previous professional and Volunteering experiences:

Languages - Mother tongue:

Other languages:

- *Select the areas you are interested in:*

Environment – Technology – Education – Rural reconstruction – Toxicology – Health and Hygiene – Action for youth – Other: _____

Motivations: Please shortly describe why you are interested in working with us

Telephone No.:

E-mail Address:

Date and Signature: