

Questionnaire for ESC volunteers

We send this questionnaire to all ESC volunteers. The questions might be a little sensitive, but don't worry; it will not change anything for you. The ESC program would like to provide participation to everyone, regardless of their background, and not exclude anyone. We would need more information regarding your living conditions and access to specific opportunities in your country of origin.

With this information, we can provide, if required, additional support to volunteers. We also need this information for our statistics: to monitor possible changes in living conditions through participation in the ESC project.

Name, Surname :

Do you consider that in your life you face some of the following obstacles:	YES	NO
<ul style="list-style-type: none"> Disability / special needs – e.g. mental (intellectual, cognitive, learning), physical, sensory or other disabilities 		
<ul style="list-style-type: none"> Health problems - e.g. chronic health problems, severe illnesses or psychiatric conditions 		
<ul style="list-style-type: none"> Educational difficulties - e.g. learning difficulties, early school-leaver, poor school performance 		
<ul style="list-style-type: none"> Cultural differences - e.g. immigrant, refugees or with immigrant or refugee family background, belonging to a national or ethnic minority 		
<ul style="list-style-type: none"> Economic obstacles - e.g. low standard of living, low income, dependence on social welfare system, long-term unemployment or poverty, debt or financial problems 		
<ul style="list-style-type: none"> Social obstacles - e.g. facing discrimination because of gender, ethnicity, religion, sexual orientation 		
<ul style="list-style-type: none"> Geographical obstacles - e.g. from remote or rural areas, young people living on small islands or in peripheral regions, young people from urban problem zones, young people from less serviced areas (limited public transport, poor facilities) 		
<ul style="list-style-type: none"> Are you a careleaver (living in residential youth care, foster care or have you already moved out?) 		

<ul style="list-style-type: none"> • Will you need more support from the host project? We can organize it for you. 		
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If you have indicated in the questionnaire any of the first two options, we need to expand this information:

- **Disability / special needs** – e.g. mental (intellectual, cognitive, learning), physical, sensory or other disabilities
- **Health problems** - e.g. chronic health problems, severe illnesses or psychiatric conditions.

1. We need to know exactly what type of illness you have and if it is chronic?
2. We need to know exactly what type of disability or special needs you have?
3. If you are currently taking any medications?
4. If you are currently undergoing therapy or treatment?

With this information, we can provide, if required, additional support to volunteers. All information in this form will of course be treated confidentially.

Please return this form along with your CV and the application form to:

esc@icja.de