

AMAZING ANDES SPANISH SCHOOL

Information Form

Please fill out the form below in order to give us an idea of your personal information, interests, and needs. When finished please email or fax back to us

Personal Information

Full Name: _____
Date of Birth: _____ Sex: _____
Mailing Address: _____
Country: _____
Email address: _____

General Information

University name (if applicable): _____
Year: _____ Program _____
Have you taken Spanish lessons or courses before? _____
Level of Spanish (Basic, Intermediate, Advanced) _____
Travel Experience (countries you have visited): _____

Homestay Information:

Allergies (pets, food, etc) Cigarette smoke: _____
Special Diet: _____ Do you smoke? _____
Be placed in a homestay family by yourself _____
Be placed in a homestay family with 2 students: _____
Be placed in a homestay family with 3 or more students: _____

Program you are interesting:

A Helping Hand Volunteer Program _____
Healthcare Program _____
Smile Ecuador Dental Program _____

Length of participation in program (costs based on per month basis):

Less than one month _____
One month _____
Two months _____
Three months _____
More than 3 months _____

Arrival Date: _____

What is your primary motivation for participating in a volunteer program

Please describe areas of interest for your volunteer placement, kids, elderly, special needs, specific medical, etc) For those in our medical program please describe which specialties you would like to volunteer in (emergency, family medicine, maternity, neurology, etc):

Dentistry is what I would like to focus on in my placement.

Please describe any experience (work, volunteer, and school) that you feel would be relevant for a volunteer placement.

Do you prefer to start you volunteer placement upon arrival or one week after arrival?

How many hours of Spanish?

Emergency Contact Info in home country

(Person to contact in case of emergency)

Name: Relation: Father Contact Number:

Contact Address: Contact Email:

Flight Info Arrival

Date: Time: Airline:

Flight Number:

Departure Date: Time:

Airline Flight Number: