



Agrupación Pasos Sureños

..... *building humanitarian links*

Volunteer Program Application

PERSONAL INFORMATION: (*means required)

*Name: Birth Date: *Age:
First Middle Last mo/day/year

*Address:
Street City State or Country Zip

Is this a permanent address or current, until when?

*Phone Number (s):

When is the best time to reach you?

*Email Address:

Fax number (if necessary):

Passport Number: Country Exp. Date

Social Security Number:

Emergency Contact Info:

Name Phone

Email Relation to you

VOLUNTEER PROGRAM INFORMATION:

I would like to volunteer in whatever needs to be done.

I am a student or professional and have a special request. (Please attach letter or note)

Area of interest(s):

How long would you like to volunteer: Estimated Starting Date?:

Interested in teaching English or a trade?: Yes No

Trade type: Job Skill Craft Vocation

Details:

Please let us know how we can accommodate you the best, please rate 1 to 4 (1-best to 4-least) :

Housing

___ Share housing with Mapuche family (very special situation, Advanced Spanish required)

___ Share housing with another foreigner

___ Live with host family

___ Live in single accommodations

___ Live w/ us (We have one studio cabin and rooms available w/ us - internet included)

___ Other

Meals

___ Like to cook my own meals

___ Like to eat out most of the time

___ Eat with host family

___ Other

Please explain

Are you taking medication Yes No

If yes, please list below. (Note: prescription medicine may not be available at foreign country)

List any allergies or medical conditions:

SKILLS & EXPERIENCES:

Do you have any certificates for the skills you will be volunteering?

Yes No For how long?

List any training/experience related to the type of volunteer work you are applying for:

Do you speak any foreign languages?: Yes No (Intermediate Spanish required)

If yes, which one(s)?

List any overseas work/study/travel experience:

List your hobbies/interests:

Is there something you would like to learn about or do?

How did you hear about Pasos Sureños? (please be specific):

I hereby agree that the above information is true

Sign your name and date

Please print and fill out, scan to create an image to send by email or regular mail.

We Thank you, appreciate your interests and value your participation! Please contact us personally for more details.

Diane Archibald
Director
Agrupación Pasos Sureños

Agrupación Pasos Sureños
Cmo Huincacara, 200mts, Villarrica
IX Region, Chile

- 3 - Phone +56 9 9434 0289 or +56 9 5054 2179
email: info@pasosurenos.org
web site: www.pasosurenos.org