



# Tucson Chapter Application: 2009-2010

*Please deliver by October 10, 2009 (by mail or in person) the completed application and 2 letters of recommendation, each in separately sealed envelope, to:*

Susan Grundy  
5020 N. Fort Buchanan Trail  
Tucson, AZ 85750  
or email to: [susan39smg@comcast.net](mailto:susan39smg@comcast.net)

1. Name: \_\_\_\_\_  
First M.I. Last Prefer to be called

2. Permanent Address: \_\_\_\_\_  
Street Apt. No.  
\_\_\_\_\_  
City State Zip Code

3. Phone #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

4. Temporary Address: \_\_\_\_\_  
(Valid Until: / / ) Street Apt. No.  
\_\_\_\_\_  
City State Zip Code

5. Send Correspondence to: \_\_\_\_\_ Temporary Address \_\_\_\_\_ Permanent Address

6. Sex: M F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(m) (d) (y)

7. School Name: \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

8. Passport #: \_\_\_\_\_ United States \_\_\_\_\_ Foreign (list country) \_\_\_\_\_

9. Previous AMIGOS service: Year \_\_\_\_\_ Country \_\_\_\_\_ Project \_\_\_\_\_

10. For purposes of notification, please circle the appropriate response(s):

I live with: Mother Father Guardian Other

11. Father: \_\_\_\_\_ 17. Mother: \_\_\_\_\_

12. Father's Address: \_\_\_\_\_ 18. Mother's Address: \_\_\_\_\_  
\_\_\_\_\_

13. Father's Phone #: \_\_\_\_\_ 19. Mother's Phone #: \_\_\_\_\_

14. Father's Cell #: \_\_\_\_\_ 20. Mother's Cell #: \_\_\_\_\_

15. Father's Business Phone #: \_\_\_\_\_ 21. Mother's Business Phone #: \_\_\_\_\_

16. Father's E-Mail: \_\_\_\_\_ 22. Mother's E-Mail: \_\_\_\_\_

(You can receive assistance in completing this form by calling: Bev Waters 520-465-4073)

**Amigos de las Américas**  
**Tucson Chapter Application: 2009-2010**

**Supplemental Questions**

*(Please answer questions 3-8 on separate page(s) to provide complete responses to questions)*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

1. Did both of your parent(s), if applicable, attend a recent family information meeting ? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Please rate your oral/spoken language skills: \_\_\_\_\_ Years of study: \_\_\_\_\_

Spanish:	Excellent	Good	Fair	Poor
Portuguese:	Excellent	Good	Fair	Poor
Other:	Excellent	Good	Fair	Poor

Please list other language: \_\_\_\_\_

3. Describe your level of foreign language experience (second language at home, use of language at work, foreign travel, etc.).

4. Describe any volunteer and community service experience work that you have had:

5. Describe any work experience that you have, if any:

6. What are your personal interests and extracurricular activities? Do these interests and activities require a weekly time commitment and if so what are those commitments?

7. On a separate piece of paper please tell us why you are applying to train and volunteer with **Amigos de las Américas**. Can you give us any examples of experiences where your creativity, flexibility, leadership ability, and/or cross cultural understanding were required? Please limit your response to no more than 500 words.

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**Amigos de las Américas  
Tucson Chapter Application: 2009-2010**

**Confidential Medical –Legal –Financial Aid Questions**

**(This page will be removed from the rest of the Chapter application packet and will only be reviewed by our Medical Director and Chapter President for any medical issues which may affect the volunteers training or time in country. Failure to disclose will lead to disqualification. Please use additional pages if necessary for complete answers)**

Name \_\_\_\_\_ Age: \_\_\_\_\_

1. Do you anticipate applying to **AMIGOS** for financial aid to help meet the family participation fee? Yes \_\_\_\_\_ No \_\_\_\_\_  
Note: *Acceptance into the Amigos program is a "needs-blind process" and your answer to this question will not affect your selection into the training program.*

2. Are you aware of any medical issues that may impact on your stay in an isolated community for 6 to 8 weeks? If so, what are they? *(Examples: epilepsy, diabetes, asthma, allergies)*

3. Do you have any dietary restrictions or food allergies? Do you have a history and/or have been treated for an eating disorder?

4. Are you current with your generally recommended vaccinations?

5. Do you have a history of substance abuse? If so please explain.

6. Have you ever been treated for an emotional disorder with medication and/or counseling? If so please explain.

7. Are you currently taking any medications on a daily basis and if so what are they? *(Examples: asthma medications, anti-depressants, anti-convulsants, diabetic medication)*

8. Have you ever been charged with a felony or misdemeanor, or been required to appear before juvenile court? If so please explain.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian if applicant is less than 18 yrs. old

\_\_\_\_\_  
Date

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**Tucson Chapter  
Letter of Reference Form  
2009-2010**

*Note: Two letters of reference must be submitted. One letter must be submitted from a Spanish teacher, or if you are a native speaker, someone who can attest to your Spanish language capabilities. The second letter can be submitted by a teacher, mentor, supervisor, or employer. References from personal friends and family members are not acceptable. This completed form must be returned to the applicant in a sealed envelope with your signature across the seal no later than by October 7, 2009.*

Name of Volunteer: \_\_\_\_\_

(Tucson Chapter)

Recommender's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_

E-Mail address \_\_\_\_\_

Note to Recommender: This candidate will be submitting an application to volunteer with Amigos de las Américas. Amigos de las Américas is an international, voluntary, non-governmental, not-for-profit organization that provides the opportunity for young people to serve as community service volunteers in Latin American communities. Volunteers spend up to eight weeks living and working in remote rural areas or underserved semi-urban neighborhoods. Volunteers typically work in teams of 2-3 Volunteers with Latin American sponsoring agencies and live with local families. Cultural adjustments can, at times, be very stressful.

In our efforts to select, train and support mature and committed Volunteers, we rely on evaluations from recommenders such as you. We are seeking applicants who can be developed as Leaders, have cultural sensitivity and are interested in their community (both here in the U.S. and in Latin America). We hope you will help us assess the applicant whose name appears above by answering as fully and candidly as possible. If you have any questions or would like more information about Amigos de las Américas, please call one of the people listed below or visit the Tucson AMIGOS website at [www.amigostucson.org](http://www.amigostucson.org)

1. How long and in what capacity have you known the applicant?
  
  
  
  
  
  
  
  
  
  
2. Please comment on the applicant's level of maturity and ability to deal with stressful or unfamiliar situations.

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