



Tucson Chapter Application: 2011 – 2012

Please deliver by October 9, 2011 (by mail or in person) the completed application and two letters of recommendation, each in a separate sealed envelope, to:

Amigos de las Américas
c/o Robert Collier
4020 E. Bujia Primera
Tucson, AZ 85718

Fax: 520-329-8112

or email to: robertcollier@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 #: (____) _____ email: _____

Cell phone wireless carrier: _____

4. Temporary Address: _____
(Valid Until: ____ / ____ / ____) Street Apt. No.

City State Zip Code

5. Send Correspondence to: _____ Temporary Address _____ Permanent Address

6. Gender: 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

(You can receive assistance in completing this form by calling Robert Collier at 520-615-9623)

Amigos de las Américas
Tucson Chapter Application: 2011–2012

Supplemental Questions

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

Name: _____ Age: _____

1. Did one or both of your parents 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 specify other language(s): _____

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

4. Describe any volunteer or community service experience 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 500 words or less.

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Confidential Medical –Legal –Financial Aid Questions (Page 1)

This section will be removed from the rest of the Chapter application packet and will be reviewed by our Medical Director and Chapter President for any medical and/or legal issues which may affect the Volunteer's training or time in country. Certain information may be shared with Chapter Board members, Senior Training Staff, or International Office staff on an as-needed basis, as it relates to Volunteer safety. Failure to disclose will lead to disqualification. Any information provided pursuant to this form will remain strictly confidential and will not be disseminated any further than noted above. 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. To be considered for financial aid you must provide a copy of your most recent tax return with this application, and have an adjusted gross income of \$65,000 or less.*

2. Are you aware of any medical problems that may have an impact on your stay in an isolated community for 6 to 8 weeks? (Examples: epilepsy, diabetes, asthma, allergies) YES ___ NO ___

If you answered YES, what is/are the medical problem(s)?

3. Do you have any dietary restrictions or food allergies? YES ___ NO ___

If you answered YES, please provide some additional information.

4. Do you have a history and/or have been treated for an eating disorder? YES ___ NO ___

If you answered YES, please explain.

5. Are you current with your generally recommended vaccinations? YES ___ NO ___

If you answered NO, please explain.

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Confidential Medical –Legal –Financial Aid Questions (Page 2)

6. Do you have a history of substance abuse? YES ___ NO ___

If you answered YES, please explain.

7. Have you ever been treated for an emotional disorder with medication and/or counseling? YES ___ NO ___

If you answered YES, please explain.

8. Are you currently taking any medications on a regular basis? YES ___ NO ___
(Examples: asthma medications, anti-depressants, anti-convulsants, diabetic medication)

If you answered YES, please list below.

9. Have you ever been charged with a felony or misdemeanor, or charged with a criminal offense in juvenile court? YES ___ NO ___

If you answered YES, 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
2011-2012**

*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 **October 7, 2011**.*

Name of Volunteer: _____ (Tucson Chapter)

Recommender's Name _____

Mailing Address _____

Daytime Phone _____

Email 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

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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