

SAS's ESPAÑOL EN LA PLAYA (SPANISH AT THE BEACH)

Dominican Republic

Tel: (829) 875-4599/ (719) 387-8036, Fax (480) 247-4411

Email: inf@studentservicesdr.org

Program Application

PERSONAL INFORMATION. Please fill the application on line just click in the space.

Name (as it appears on your passport): _____

Preferred First Name: _____

Email address: _____

Mailing address: _____

City/State/Zip: _____

Country: _____

Permanent address (if different from above): _____

Phone: () _____

Date of Birth: _____ / _____ / _____ Gender: M() F()

Day Month Year

Country of Citizenship: _____

Current occupation: _____

Have you ever been convicted of a felony? () Yes () No If yes, please explain. _____

PROGRAM INFORMATION

Approximate Program start date: _____

Desired Program length (in weeks): _____

Do you have a valid passport? Y () N () Passport #: _____

Have you been to the Dominican Republic before? Y () N ()

If yes, please indicate the nature of your travel: _____

Please list countries of previous international travel and the type of travel (tourist/volunteer/educational, etc.): _____

EMERGENCY AND MEDICAL/HEALTH INSURANCE CONTACT INFORMATION.

THE HEALTH INSURANCE IS INDISPENSABLE, IF YOU DON'T WE CAN HELP YOU TO FIND ONE WITH OUR COMPANY.

Name of person to contact in case of emergency: _____

Relationship: _____ Address: _____

Day Phone: _____ Evening Phone: _____

Name of insurance provider: _____

Address of insurance provider: _____

Policy no.: _____ Phone no.: _____

EDUCATION

Name of Institution. _____

Year Graduated or expect to graduate _____

Field(s) of Study/Major. _____.

Level of fluency in Spanish: None Poor Good Fluent

Number of Years of Spanish Study: _____

Where: _____

Please list any other languages that you speak, not including English or Spanish:

MISCELLANEOUS

How did you first hear about us? _____

Do you have any dietary restrictions we should know about? If yes, please explain: _____

I have reviewed the above information, and it is true and complete to the best of my knowledge. (This application cannot be processed without your signature.

Date: _____

Signature: _____

Mailing Address:

Severino Polanco, Director
SAS Internship Program
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