

# SAS's Internship Program

## Dominican Republic

Tel: (829) 875-4599/ (809) 435-1980, Fax (480) 247-4411

Email: [inf@studentservicesdr.org](mailto:inf@studentservicesdr.org)

## Program Application

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### **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. \_\_\_\_\_

\_\_\_\_\_

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### **PROGRAM INFORMATION**

Approximate Program start date: \_\_\_\_\_

Desired Program length (in weeks): \_\_\_\_\_

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

Have you been out of 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.: \_\_\_\_\_

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**EDUCATION**

Name of Institution. \_\_\_\_\_

Year Graduated or expect to graduate \_\_\_\_\_

Field(s) of Study/Major. \_\_\_\_\_.

Level of fluency in English:    None    Poor    Good    Fluent

Number of Years of English Study: \_\_\_\_\_

Where: \_\_\_\_\_

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

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**MISCELLANEOUS**

How did you first hear about us? \_\_\_\_\_

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

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**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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Email: [inf@studentservicesdr.org](mailto:inf@studentservicesdr.org)