



TODAY'S DATE :

HOST COUNTRY PREFERENCE :

PROJECT (1ST PREFERENCE) :

PROJECT (2ND PREFERENCE):

TYPE (Volunteer or Internship):

REQUESTED START DATE:

NUMBER OF WEEKS (1-12):

NAME:

DATE OF BIRTH:

ADDRESS:

COUNTRY:

CITY:

STATE/PROVINCE:

POSTAL CODE:

EMAIL ADDRESS:

HOME PHONE NUMBER:

CELL PHONE NUMBER:

PASSPORT NUMBER:

SKYPE USERNAME:

SKYPE PHONE NUMBER:

EMERGENCY CONTACT INFORMATION (OTHER THAN YOURSELF)

NAME OF EMERGENCY CONTACT:

RELATIONSHIP:

EMERGENCY CONTACT NUMBER:

VOLUNTEERS AND INTERNS

1. WHAT IS YOUR PRIMARY MOTIVATION FOR TRAVELING ABROAD? WHAT ARE YOUR EXPECTATIONS?

2. HAVE YOU EVER TRAVELED ABROAD? WHAT DID YOU LIKE MOST? WHAT DID YOU LIKE LEAST?

3. DESCRIBE A TIME WHEN YOU HAD TO DEMONSTRATE INITIATIVE TO ACCOMPLISH A TASK.

4. WHAT HAS BEEN THE BIGGEST CHALLENGE YOU HAVE FACED TO DATE? PLEASE DESCRIBE THE SITUATION AND HOW YOU OVERCAME THE CHALLENGE.

5. HAVE YOU EVER HAD EXPOSURE TO ANY OTHER CULTURES OUTSIDE YOUR OWN? PLEASE EXPLAIN.

6. DO YOU SPEAK THE LANGUAGE OF YOUR HOST COUNTRY? PLEASE DESCRIBE YOUR LEVEL OF FLUENCY (i.e. beginner, intermediate, or advanced.)

7. DO YOU HAVE ANY MEDICAL CONDITIONS FOR WHICH YOU ARE UNDER A DOCTOR'S CARE AND/OR TAKING MEDICATION? DO YOU HAVE ANY KNOWN ALLERGIES? IF SO, PLEASE DESCRIBE.

8. DO YOU HAVE A HISTORY OF PRIOR ARRESTS OR CONVICTIONS? IF SO, PLEASE EXPLAIN.

9. DO YOU HAVE ANY DIETARY RESTRICTIONS? IF SO, PLEASE EXPLAIN.

10. WILL YOU REQUIRE EXTRA ACCOMMODATIONS FOR EARLY ARRIVAL OR LATE DEPARTURE? IF SO, WHEN DO YOU PLAN TO ARRIVE OR DEPART? (PLEASE NOTE: Additional fees will apply for such circumstances. Information provided here is not accepted in lieu of your official flight itinerary.)

11. IF YOU WISH TO VOLUNTEER AT THE SAME PROJECT AND/OR SHARE A ROOM WITH A FRIEND, WHAT IS HIS OR HER NAME?

INTERNS ONLY

1. WHAT IS YOUR PURPOSE FOR WANTING TO TAKE PART IN ONE OF AMPED'S INTERNSHIP PROGRAMS?

2. IS THERE A SPECIFIC AREA(S) WITHIN YOUR INTERNSHIP SUBJECT MATTER THAT YOU WANT TO DIRECT YOUR FOCUS?

3. PLEASE DESCRIBE ANY RELEVANT COURSES OR WORK EXPERIENCE THAT YOU HAVE COMPLETED. A COLLEGE TRANSCRIPT AND/OR CV MAY BE REQUESTED TO DETERMINE THE BEST PLACEMENT.

I accept all terms and conditions ([Read Terms & Conditions](#)) Yes _____ No _____
Initial:

I accept all conditions in the Volunteer/Intern Services Agreement ([Read Volunteer/Intern Services Agreement](#)) Yes _____ No _____ Initial:

Notes:

*All internships have a minimum time commitment of at least 4 weeks or more.
In the event that AMPED is not able to fulfill your first project preference, our staff will then defer to the second preference as indicated by your application response.
While AMPED does not discriminate on the basis of age, race, ethnicity, religion, or disability, AMPED reserves the right to deny any applicant acceptance that is determined to not be a suitable candidate for its program or if it is determined that a candidate's participation poses a threat to his or her safety or the safety of others.
Participants 60 and older must provide a signed letter of consent on official letterhead from their primary care physician.
The application fee is non-refundable. Should an applicant need to cancel after the program fee is paid, refunds will be disbursed in accordance with AMPED's refund policy as outlined in its Terms and Conditions and Refund Policy Statement found on the Program Fee Page.*