**Guatemala Application Questionnaire**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please complete this questionnaire and upload it to your participant portal. Your answers will help us to make the best possible placement for you. We will do our best to create a program which will meet your expectations, but please remember that we cannot guarantee the program will meet all of your expectations.**

**PROJECT**

1) What type of project would you like to do? What is your motivation for this type of project?

2) What are your goals for the program?

3) What are your expectations of the program?

4) What background do you have (ie academic, professional) that will allow you to succeed in this type of project?

**GENERAL**

1) Living abroad can be a challenging experience. What qualities do you have to adjust to a

 different culture and new living/working environment?

2) Have you ever experienced culture shock? Please explain the situation and how you

 handled it.

3) Please list your prior international travel experience.

4) Do you have any health conditions we should be aware of?

5) Please list any medical treatments you are undergoing, including prescription medications

**SPANISH LANGUAGE**

*Please rate your level of Spanish knowledge*

*Speaking Skills Writing Skills Listening Skills*

O Non-Existent O Non-Existent O Non-Existent

O Beginner O Beginner O Beginner

O High-Beginner O High-Beginner O High-Beginner

O Low-Intermediate O Low-Intermediate O Low-Intermediate

O Intermediate O Intermediate O Intermediate

O High-Intermediate O High-Intermediate O High-Intermediate

O Awesome O Awesome O Awesome

Spanish language classes are available for $250/week (20hrs). You can take Spanish during the first week in Guatemala. Typically participants do not volunteer at the same time they take classes.

 Would you like to take additional Spanish classes?

 O No thanks.

 O Yes please.

 If yes, how many weeks of classes would you like? \_\_\_\_\_

**HOUSING**

*Participants in this program stay with a local host family (includes breakfast & dinner)*

Do you have any allergies that might affect your housing placement?

O No

O Yes

 If yes, please explain:

Do you have any food/meal restrictions?

O No

O Yes

 If yes, please explain:

Do you have any “pet” issues?

O No

O Yes

 If yes, please explain

Do you prefer to live in a smoking or non smoking environment?

O Smoking

O Non-Smoking

O No preference

Are you traveling with someone?

O No

O Yes

 If yes, would you like to stay with the same host family (please note that we cannot always guarantee

 this)? \_\_\_\_\_\_

 do you want/need separate rooms or a shared room? \_\_\_\_\_\_\_

 do you want/need separate beds? \_\_\_\_\_\_\_\_

1) How do you describe yourself? (i.e. independent, shy, outgoing, private, geeky, stubborn, awesome, etc.)

2) What are you interested in? What activities do you enjoy? (i.e. music, sports, reading, etc.)

Additional Comments: