



VENUSA

International Studies and Modern Languages
Mérida, Venezuela

VOLUNTEER PLACEMENT APPLICATION

Complete one application per student and return to: venusae@earthlink.net
Mail application, essay and \$400 placement fee to (payable to EntreAmericas Learn & Travel):

VENUSA
US Contact Office
6542 Hypoluxo Rd 324
Lake Worth, FL 33467

Current study abroad student: No Yes Study Abroad Term: _____

Name: _____ Email: _____

Address: _____ Tel/Cell: (_____) _____
(Full Address)

Gender: M F Age: _____

What types of volunteer placements are you interested in: (check all that apply)

- | | | | | |
|--|------------------------------------|---|---|--|
| <input type="checkbox"/> Medical / Health | <input type="checkbox"/> Orphanage | <input type="checkbox"/> Convalescence | <input type="checkbox"/> Veterinarian / Animals | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Anti-Drug Coalition | <input type="checkbox"/> Church | <input type="checkbox"/> Botanical Garden | <input type="checkbox"/> Tourism / Hotel | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Museum | <input type="checkbox"/> Women's Center | <input type="checkbox"/> Chemical Dependency | <input type="checkbox"/> Fire Department |
| <input type="checkbox"/> Governmental | <input type="checkbox"/> Business | | | |

Other: _____

Please list all related courses and experience in desired field: _____

Would you like a volunteer position while participating in the Study Abroad program in Merida? Yes No

If so, which term: Spring Semester 20____ Summer 20____ Fall Semester 20____

Start date (non-study abroad participant): _____ End date: _____

Native Language: _____ Other languages: _____

Spanish Language Level: Beginner Intermediate High Intermediate Advanced

If requesting homestay, complete this section:

Preferred Homestay Dates: _____ Number of nights: _____

Arrival into Merida: Airline (flight, time, date) _____

Bus (station, time, date) _____

Car (time, date) _____

Do you smoke? No Yes

Do you have allergies? No Yes: _____

Emergency Contact: Name: _____ Email: _____

Address: _____ Tel: (_____) _____

Attach an essay (in Spanish) regarding your volunteer placement request (required).

I understand that the confirmation & placement fee is non-refundable once my volunteer position is confirmed. Once I am placed, I understand that my placement is not based on a trial period. If I opt not to continue with the volunteer position, the placement & confirmation fee will not be prorated or reimbursed. Fee will be reimbursed only if applicant is not placed.

Signature: _____

Date: _____