

ACI Costa Rica

Short-Term Programs

PHOTO

Application Form

Full name					
Gender	Female	Male			
Permanent Address					
E-mail					
-					
Telephone					
Date of birth					
Place of birth					
Nationality					
Passport Number					
Profession / Main activity					
Describe your					
educational background /					
training					
Spanish speaking level					
Please include any other					
language that you speak					
and how fluent you are					
Expected day of arrival to					
Costa Rica					
Name of the project and da	tes:		From	То	Weeks
Spanish School (starts on Mondays)					
Name of the project					
Name of the project					
Name of the project					
Name of the project					
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Have you had any	
international or intercultural	
experience?	
Have you been involved in	
any organizations,	
movements, service	
programs or other projects?	
Have you been in Latin	
America before?	
If yes, Have you been in	
Costa Rica before?	
Tell us a little about	
yourself, including hobbies,	
interests or extracurricular	
activities	
Please indicate any other	
relevant skills. (i.e.	
computers, arts, etc.)	
Do you smoke?	
Do you have any special	
dietary requirements?	
Do you have any allergies?	
Please be specific.	
Do you have any medical	
condition? Are you taking	
medication?	
Contact person in case of	
emergency: Name & phone	
number	
<u></u>	

Signature:

Date:

→ Bitte senden an: ICYE Schweiz, Weissensteinstrasse 16, 3008 Bern