

**Application**

**Summer 2020 English Teaching and Cultural Exchange Program**

**(Application deadline is May 30, 2020)**

**1)** Please fill in all fields and email this form to executive.director@messengersoflove.com.

**2)** Please scan your government issued identification, passport and include them with application.

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  | Click here to enter text. | Email:  | Click here to enter text. |
| Occupation: | Click here to enter text. | Phone:  | Click here to enter text. |
| Address:  | Click here to enter text. | City, State, Zip:  | Click here to enter text. |

[ ]  Male [ ] Female

Are you a US citizen or Permanent Resident (Green Card)? [ ] Yes [ ] No

Do you have a valid passport? [ ] Yes [ ] No

Please select you age range:

 [ ] 18-20 [ ] 21-31 [ ] 32-41 [ ] 42-51 [ ] 52-61 [ ] 62-71 [ ] 72-81

Are you fluent in English both in speaking and writing? [ ] Yes [ ] No

Have you ever been convicted of a crime? [ ] Yes [ ] No

Have you ever worked with underage children before? [ ] Yes [ ] No

If yes, in what capacity?

|  |
| --- |
| Click here to enter text. New lines will form as needed. |

Do you have any teaching experience? [ ] Yes [ ] No

If yes, in what subjects?

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| --- |
| Click here to enter text. New lines will form as needed. |

Please list any relevant degrees or credentials.

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| Click here to enter text. New lines will form as needed. |

Please provide a short paragraph on why you are interested in this program and what you wish to accomplish by volunteering for this program.

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| Click here to enter text. New lines will form as needed.. |

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| Click here to enter text. New lines will form as needed.. |

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| Click here to enter text. New lines will form as needed.. |

Are you interested in volunteering for the first 3-week or second 3-week session or both? [ ] First 3-week [ ] Second 3-week [ ] Both sessions

For those eligible, we give grant to be applied toward the airline ticket ($500 for those who volunteer for 6-week or $300 for one 3-week session). Will you be applying for the grant toward your airline ticket? [ ] Yes [ ] No (Please click here to apply and [for more details on eligibility.](http://www.messengersoflove.com/airline-ticket-grant.html))

Please provide contact information of two references:

REFERENCE 1

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  | Click here to enter text. | Email:  | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Affiliation:  | Click here to enter text. | Phone:  | Click here to enter text. |

REFERENCE 2

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  | Click here to enter text. | Email:  | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Affiliation:  | Click here to enter text. | Phone:  | Click here to enter text. |

I verify that all statements in this application are true to the best of my knowledge.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature:  | Click here to enter text. | Date:  | Click here to enter text. |

For applicants under 21, please include parental consent form provided from link below.

#### You can download a [Parental Consent form here.](http://www.messengersoflove.com/PDFs/MOL%20Parental%20Consent%20Form.docx)

**Thank you for your interest. Application deadline is May 30, 2020**