

COSTA RICA INTERNSHIP INSTITUTE
(CRINI)
Apartado Postal 1171, C. P. 2050
San Pedro, San José, Costa Rica
Phone: (506) 2273 5286 Fax (506) 2273 5285
Email: info@costaricainternships.com

THE COSTA RICA INTERNSHIP PROGRAM APPLICATION FORM

- 1- Copy and paste entire text of this document into a word document
- 2- Complete each question
- 3- Email your application to: info@costaricainternships.com
- 4- Print and sign a copy
- 5- Once we have received and reviewed your application, we will send you an acceptance letter and invoice for your \$300 non refundable deposit.
- 6- Mail a signed copy of your application along with your resume, one letter of recommendation and your check for \$300 to the following address:

Costa Rica Internship Institute CRINI
P.O.Box 1171
C.P. 2050, San Pedro
San Jose, Costa Rica

- 7- After receiving your deposit we will send you an acceptance and placement notification along with important internship and country information.

Name: _____

Birthdate: _____ Sex: Male: _____ Female: _____

Current college or university (if applicable): _____

Major: _____

Current employer or occupation (if applicable): _____

College or university (if applicable): _____

Passport number and country: _____

Permanent Address: _____

Phone number: _____ Fax number: _____

Email address: _____

Person to contact in case of emergency: _____

Phone: _____ Email: _____

Anticipated internship start date: _____

End date: _____

Flight information (if available)

Day and date: _____ Airline : _____

Flight Number: _____ Arrival time: _____

Airport pick up (circle one) YES NO

LANGUAGE

1- How many years of formal Spanish language training have you had? _____

Where and when? _____

2- Have you ever studied/travelled/lived in a Spanish speaking country? _____

Where and when? _____

3- Other languages spoken? _____

4- What is your current Spanish language level? None () Beginner ()

Intermediate () Advanced () Fluent ()

5- How comfortable are you with your Spanish skills?

Not comfortable () Somewhat comfortable () Very comfortable ()

Spanish is necessary for any internship placement. It is recommended for some interns to take a short intensive class prior to starting their internship or to reinforce the language skills necessary to complete the internship.

Would you like to enroll in Spanish language classes (at an additional cost)

Start date: _____ **End date:** _____

INTERNSHIP PLACEMENT

Your answers to the following questions will help us to begin the placement process. Please provide us with as much relevant information as possible. Final placement and project design will be conducted upon arrival based upon interviews with CRINI and Host organization personnel.

Please state your reasons for wanting to participate in this program _____

What skills/past experience will you bring to your internship? _____

What field (s) would you prefer to work in (select no more than two)

Gender _____ Health _____ Health education _____ Adolescents _____

Disabled children _____ Disabled adults _____ Elderly _____ Agriculture _____

Cooperatives _____ Economics _____ Marketing _____ Tourism/ecotourism _____

Street children _____ Children _____ Research _____ Domestic violence _____

Human rights _____ Health Care _____ Social Work _____ Environment _____

Natural Resources _____ National parks _____ Other (please specify) _____

Why are interested in working in this/these field(s)? _____

Why do you feel you are qualified to work in this/these field(s)? (remember motivations and interest are qualifications) _____

Do you have any previous experience in this/these field(s) professional, academic or other internship.

Please provide more detailed information in your resume _____

Describe the type of work you imagine doing in Costa Rica in this/these field(s) _____

Education (Beginning with most recent) _____

Work experience _____

Other skills _____

Hobbies and interests _____

Do you have any health problems about which the CRINI Director or your host family should be informed (food restrictions, special medications, physical limitations or other special needs) if so explain

Housing

Please check your housing preferences: for example a non smoking household, a family with or without small children, pets, etc.

TERMS AND CONDITIONS

Application and Payment Process

After receiving your signed application, resume and letter of recommendation, we will begin the application review process. Upon careful review of your application, we will notify you if you have been accepted. This process usually takes one week to ten days.

Upon acceptance to the program you will receive an invoice for your \$300 non refundable deposit.

We cannot begin the official placement process until we have received your deposit as guarantee of your participation in the program.

Complete payment is due upon arrival. You can pay through personal check or wire transfer. **Traveler checks and money orders are NOT accepted.**

There will be no refunds after the program has begun. In the event of a personal emergency, we will review the situation and may issue a partial refund.

INTERN RESPONSIBILITIES AND EXPECTATIONS

- Interns who do not display appropriate behavior, fail to comply with the rules of the host organization or that do not fulfill contracted work responsibilities will be dismissed without reimbursement of program fees.

- Airfare to and from the United States is at the expense of the participant or his/her family.

- Participants agree to work the full amount of time which they have registered. No changes to program are permitted one the program begun.
- Time off for travel during the contracted internship is not permitted.

I have read and I agree to all above TERMS AND CONDITIONS

Signature: _____

Date: _____

WAIVER OF LIABILITY

All interns are required to be insured. Additional travel insurance can be purchased. It is recommended that interns purchase international traveler's insurance and/or an international student id card.

Costa Rica Internship Institute (CRINI) is not liable for any loss, illness or injury while you are in Costa Rica.

I have read and agree with the general terms as stated in this waver of liability (sign below)

Signature: _____

Date: _____