

COSTA RICA INTERNSHIP INSTITUTE
(CRINI)

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San José, Costa Rica

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SPANISH APPLICATION FORM

Please complete, sign, and return this form with your US\$300 deposit. Please print clearly or use typewriter.

Name _____

Birthdate _____

Profession or what are you studying:

Passport Number and Country: _____

Permanent Address: _____

Phone number: _____

Fax number: _____

E-mail address: _____

Person to contact in case of emergency: _____

Phone: _____ Email: _____

Arrival data (if available)

Day and date _____ Airline _____

Flight # _____ Arrival time _____

Airport pick-up (circle one) YES NO

Airport: Liberia () San Jose ()

Month of Participation: _____

Number of Weeks: _____

Spanish Level: Beginner () Intermediate () Advanced ()

1. Volunteer Experience

2. Hobbies and interests

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

7. List any host family preferences. For example, a non-smoking household, a family with/without small children or pets, special dietary preferences, etc.

8. Do you smoke? YES () NO ()

Costa Rica Internship Institute is not liable for any loss, illness or injury while you are in Costa Rica, if the student will not have international health/accident coverage

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

DATE: _____ SIGN _____

FOR US\$300 PLEASE MAKE INTERNATIONAL WIRE. WE NEED YOUR FAX NUMBER TO SEND YOU OUR ACCOUNT NUMBER
