

GUATAMALA VOLUNTEER ENGLISH TEACHING APPLICATION

Thank you for your interest in the Rose Education Foundation's Guatemala English Teaching Program. To apply for a position in the program, please fill out the following application and send it with all other requested materials to:

English Program Director
Rose Education Foundation
3705 N University Ave, Suite 100
Provo, UT 84604

For a quicker response, email application materials to info@roseeducation.org.

APPLICATION CHECKLIST

You must submit the following materials to be considered for a position in the program. Use the following checklist to make sure that you have submitted all necessary materials.

Phase I: Initial Application	Phase II: Interview	Phase III: Program Acceptance
<p>Completed program application</p> <p>One-page on why you want to participate in the program (your goals, expectations, etc.)</p> <p>A current resume with references</p> <p>Current photo</p>	<p>Signed program agreement and health waiver</p>	<p>Copy of your passport's information page</p> <p>A letter from your ecclesiastical leader (priest, pastor, bishop, etc.) stating that you are a member in good standing of that denomination (Optional)</p>

If you have any questions, please send an e-mail to info@roseeducation.org or call the Rose Education Foundation at (801) 319-4021.

PERSONAL INFORMATION

First Name:		MI:	
Last Name:		Gender:	Female Male
Birthdate: (DD/MM/YYYY)		Shirt Size:	S M L XL XXL
Height:		Weight:	

CONTACT INFORMATION

CURRENT ADDRESS				
Address 1:				
Address 2:				
City:		ZIP Code:		Country:
Home Phone:		Work Phone:		
Cell Phone:		Email 1:		
Other Phone:		Email 2:		
PERMANENT ADDRESS				
Address 1:				
Address 2:				
City:		ZIP Code:		Country:
Phone:				

EDUCATIONAL EXPERIENCE

Are you currently a student?		Yes	No	
If yes...	Major	Minor	Year in school	School
	Do you intend to use this program for internship, student teaching, or other type of credit?	Yes No	If yes, please give program and contact names:	
If no...	What is your highest level of education?	High School	BS/BA	Ph.D.
		Associates	MS/MA	Post Doctoral
	What is your current profession?			

TEACHING EXPERIENCE

Please describe your teaching experience (subjects, age groups, environment, etc.).		
What age groups do you prefer to teach?	Preschool (3-6 years)	1st—3rd grade (7-9 yrs)
	4th—6th grade (10-12)	7th—9th grade (13-15 yrs)
	10th—11th grade (16-17)	Doesn't matter
Please list talents, hobbies, abilities, experiences, etc. that could help you in your work as a teacher		

WHICH SUBJECTS INTEREST YOU MOST:

- | | | | |
|-----------|-------------------|---------|--------------------|
| Geography | Science | History | Language Arts |
| Math | Writing | Art | Physical Education |
| Music | Which instrument? | | |

SPANISH SPEAKING ABILITIES:

- | | |
|---|--|
| None | Understand it a little, but don't speak it |
| Understand and speak a little | Speak it well enough to get by |
| Speak it fairly well | Speak fluently |
| I have taken _____ years of Spanish classes | |

INTERNATIONAL EXPERIENCE

Have you traveled internationally?	Yes	If yes...	Where, How long, and why?		
	No				
Do you have a passport?	Yes	Passport #:		Place Issued:	
	No				

MEDICAL HISTORY

<p>The following vaccinations are strongly recommended for all program participants. Please mark the ones that you have received and indicate when you received them. Visit http://www.cdc.gov/travel/camerica.htm for the latest information on recommended vaccinations for Guatemala.</p>	
Hepatitis A Hepatitis B Typhoid	Tetanus MMR Rabies
<p>Please explain any medical conditions that could affect your ability to live in Guatemala and/or participate in the Volunteer English Teaching program. Include any medications that you take regularly.</p>	

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT 1				
Full Name:		Relationship:		
Address 1:				
City:		ZIP Code:		Country:
Home Phone:		Work Phone:		
Cell Phone:		Email 1:		
Other Phone:		Email 2:		
EMERGENCY CONTACT 2				
Full Name:		Relationship:		
Address 1:				
City:		ZIP Code:		Country:
Home Phone:		Work Phone:		
Cell Phone:		Email 1:		
Other Phone:		Email 2:		

LETTER OF RECOMMENDATION FORM

Name of applicant:			
Name of person giving reference:			
Day time phone:		Evening phone:	
Email:			

Thank you for taking the time to write a letter of recommendation for this applicant. They have applied for a position as an English teacher for children ages 3-18 in the Rose Education Foundation's Guatemala English Teaching Experience program. You may use this form or write a separate letter that addresses the applicant's character, tenacity, and ability to perform their duties as a teacher. This recommendation will be kept strictly confidential, so please be as honest and thorough as possible.

How long have you known the applicant and in what capacities?

What do you consider to be this applicant's greatest strengths?

Do you consider this applicant to be emotionally and psychologically stable? Why?

What do you consider to be this applicant's greatest weaknesses?

What else do you think it would be important for the Foundation to be aware of as we consider this applicant?

Signature: _____ Date: _____