**PARTICIPANT INFORMATION**

**First name:**

**Middle name:**

**Last name:**

**Country:**

**City:**

**E-mail:**

**Cel.phone number:**

**Date of birth:**

**Passport number:**

**Gender/Género:**

 **Male ( ) Female ( )**

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| **Language** Write down the languages you know, and describe how well you speak and write them |
| **Language**  | **Describe your abilities**  |
|  |  |

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| **Health / Salud** This is important so that we can help in the best way |
| **I have problems with my health** |
| Yes  |  |  |
| No |  |  |
|  |  |  |
| **Describe the problems**  |
| **Allergies to cats, dogs or other animals**  |
| **Food allergy** I cannot eat the following kinds of food  |

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| **Education/Educación** |
| Education or course  | Length of course  |
|  |  |
|  |  |
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| **Work / Trabajo**Are you currently working? Describe what you do in your work  |
|  |
| **My participation in the parish** Describe your participation in your congregation, are you responsible for any groups or activities?  |
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| **About you / Sobre usted**Write about yourself, your interests and why you want to be a participant in this exchange program  |
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