**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 | | |

|  |  |
| --- | --- |
| **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 |
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| **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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