



A NEW WAY TO VISIT PERÚ – PARTICIPANT APPLICATION

Welcome to A new way to visit Perú. We are excited that you have decided to apply with us. This application should be submitted at least 3 months in advance. If you have any questions, or if you plan to go abroad in less than six weeks, please contact us by email at volunteer@intej.org or rvaldivia@intej.org

Instructions for applying for an A new way to Visit Perú Program

- Take a few minutes to review and complete these forms. All applicants should complete the standard application and any required supplemental application forms
- Please sign the Terms & Conditions
- Please include the application fee (USD \$220). The application fee is non-refundable and will be deducted from the program fee
- Make a copy of the application for yourself
- Mail your completed application with application fee to INTEJ Office:

Intej, Inbound Program
Av. San Martín 240 – Barranco
Lima – Perú
Or scan it volunteer@intej.org

Interview

Upon receipt of your application, we will send an email requesting a date and time to arrange your interview session. This session is conducted via telephone and is not competitive. It is used as a way to get to know you better, make sure that the program you have selected is right for you, and answers any questions you have about the program. Please note when arranging a time for you interview, we are in GMT - 5 hours (Greenwich Mean Time).

Payment

Payment of your application fee is due upon receipt of your application. We are unable to process any application without an application fee. Complete payment of the program fee is due within 60 days of your program start date. All payments may be submitted by bank transfer:

INTEJ or Promoter of Youth Educational Integration and Tourism

BANCO DE CREDITO DEL PERU

Address: Juan de Arona 893, San Isidro, Lima - Peru

Currency: DOLLARS
Current Account No.: 194-0004672-1-01
SWIF: BCPLPEPL

Currency: EUROS
Current Account No.: 191-0000254-9-55
SWIFT BCPLPEPL

Send the deposit voucher by fax (511) 477-4105 (with your full name and phone number)

TERMS AND CONDITIONS

I, _____, agree to the following terms and conditions of my participation in Intej (A new way to visit Perú) program. I understand that failure to comply with this agreement may result in cancellation of my work authorization abroad, as well as my affiliation with the program.

General A new way to visit Peru conditions

- Participants in any Intej (A new way to visit Perú) programs waive and release all claims against Intej and its employees/agents for any injury, loss, damage, accident, expense or delay caused by or related to any means of transportation, lodging (hotel, host family, dormitory, hostel or pension), restaurant, securing passport and visas, or any other services rendered in connection with the program.
- The participant releases Intej and its employees/agents with regard to any financial obligation to liabilities that the participant may incur or any damage or injury to the personal property of others that the participant may cause while enrolled in the program.
- The participant understands that he/she is traveling under his/her own responsibility (if a minor, the minor's parent or legal guardian assumes this responsibility) and hereby releases Intej and its employees/agents from liability related to health or safety.
- The participant understands that he/she may not purchase travel tickets until his/her program placement has been confirmed.
- Participant is responsible for any additional expenses if he/she arrives in country before the start of his/her program.
- Intej (A new way to visit Perú) declines any legal responsibility for:
 - Incurred health problems or any personal misconduct or inappropriate behavior by the participant
 - Participants expelled from the program
 - Any force majored (earthquake, floods, strikes, etc)
- Intej (A new way to visit Perú) shall be responsible for providing the services outlined to the participant. In the event that the services and accommodations outlined cannot be provided due to causes beyond the control of Intej, all efforts will be made to provide comparable services and accommodations. If a class or program must be cancelled due to insufficient enrollment, Intej shall only be responsible for reimbursing the participant the amount of money paid for the program (excluding any transportation expenses). Program prices are subject to increase in the event of changes in international monetary exchange rates.

PROGRAM CONDITIONS

Prior to my departure, I agree that:

- I will read all written materials sent to me
- I understand I should submit a completed application and payment at least 60 days prior to the date I plan to start my program. If I submit a late application or payment, I will not hold Intej responsible for any delay in my placement process.
- I will be responsible for all costs related to international travel, tuition and any fees associated with visas and/ or additional insurance.
- I will not book my travel arrangements until my placement has been confirmed by Intej. I will be responsible for any additional expenses if I arrive in country before my program start date.
- I understand that Intej cannot guarantee a specific placement location, exact start date, or placement of two participants in the same area, but will make every effort to meet such requests.
- I will fulfill the requirements of the placement that I confirm
- I understand that all photos or testimonials provided to Intej during my participation in the program can be used for Intej promotional purposes unless I decline and provide written notification.

During my stay abroad, I understand that:

- I will be placed with a host as a work/ study participant. In the event of problems, I agree to communicate with my host and program representatives.
- If I have any concerns/issues with my placement, I will contact with Intej to resolve them.
- I will be responsible for working in accordance with the arrangements agreed upon with my employer or volunteer organization.
- I understand the type of placement may be adjusted during my program and this will be determined by my own attitude, diligence, initiative, language travel, and requirements of the placement.
- If placed with a host family, I agree to let them know my whereabouts if I am to be gone form more than 8 hours at a time or if I am to miss a meal. I agree to treat them with respect and abide by their house rules.
- I agree not to incur any debts, telephone bills, etc that I cannot cover.
- Holidays must be planned in advance, in agreement with the local representative and the workplace.



- The following will not be accepted behavior, and will lead to expulsion from the program without refund: Abuse of alcohol; Violating the laws of the country; Personal misconduct or inappropriate behavior of a serious nature; Failure to carry out tasks of the position.
- In the event Intej agrees to a second placement, I am responsible for any additional costs incurred if I leave my placement until a second placement is secured
- In the event that I leave my placement prior to my scheduled start date, no refund of fees will be granted.
- I agree to take emergency funds of at least \$1000 abroad with me. I understand that I may need to show proof of these funds before departure.

Upon completion of program

- I agree to complete and send Intej form. I will give my honest opinion and feedback regarding my experience abroad.
- I understand that if I have any claims or complaints they must be submitted to Intej, in writing, within 28 days from the end of the program.

Insurance

- I understand that I must have appropriate medical & travel insurance while I participate on Intej Programs.

Payment of fees

Payment in full is due within 60 days of your program start date. Non-receipt of payment by due date will result in automatic withdrawal from the program and participant is subject to cancellation and refund policies.

Cancellation noticed received

Once program attendance has begun, no refunds will be granted regardless of the length of time remaining for the scheduled program(s).

I have read this agreement and by signing I agree to all the terms and conditions of participation. Furthermore, I certify that all the statements I have made as part of my application are true. I know of no reasons why I may be refused entry into Peru.

Signature of Participant

Date



INBOUND PROGRAMS PERU - APPLICATION FORM
PROGRAMAS RECEPTIVOS PERU - FICHA DEL PARTICIPANTE

Please complete form IN FULL and write clearly in BLOCK CAPITALS

Por favor completar **TODO** el formulario y escribe claramente y con **LETRAS MAYÚSCULAS**

PROGRAM INFORMATION	INFORMACIÓN DEL PROGRAMA
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Please check the program you are applying for (If you are unsure which program you want to apply for, please contact us, to discuss the best program option)

Por favor selecciona el programa al que estas postulando (Si no estas seguro del programa que quieres postular, por favor contáctanos, para poder orientarte)

- | | | |
|---|--|---|
| <input type="checkbox"/> Volunteer
Voluntariado | <input type="checkbox"/> Internship
Pasantías | <input type="checkbox"/> Spanish
Español |
| <input type="checkbox"/> Teach & travel
Enseña & viaja | <input type="checkbox"/> Travel & learn
Viaja y Aprende | |

Preferred program start date
Fecha de preferencia de inicio

How long would you like to stay?
¿Por cuanto tiempo?

Spanish course required

Language and proficiency (include your native language)

Lengua y habilidad (incluya su lengua nativa)

- | | | | | |
|---|---------------------------------|---------------------------------|---------------------------------------|-----------------------------------|
| <input style="width: 100%; height: 20px;" type="text"/> | <input type="checkbox"/> Native | <input type="checkbox"/> Fluent | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Beginner |
| <input style="width: 100%; height: 20px;" type="text"/> | <input type="checkbox"/> Native | <input type="checkbox"/> Fluent | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Beginner |
| <input style="width: 100%; height: 20px;" type="text"/> | <input type="checkbox"/> Native | <input type="checkbox"/> Fluent | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Beginner |

Please select your top five reasons for wanting to take part in an international program. One being the most important and five being the least important reason

- | | |
|--|--|
| <input type="checkbox"/> Become more fulfilled as a person | Lograr satisfacción como persona |
| <input type="checkbox"/> Achieve independence from my family | Alcanzar independencia de mi familia |
| <input type="checkbox"/> Meet new people | Conocer nuevas personas |
| <input type="checkbox"/> Travel | Viajar |
| <input type="checkbox"/> Learn more about the culture and traditions | Aprender más sobre las tradiciones y cultura |
| <input type="checkbox"/> Earn money while abroad | Ganar dinero mientras viajo |
| <input type="checkbox"/> Improve my language skills | Mejorar mis habilidades del idioma español |
| <input type="checkbox"/> Gain experience to further my career | Ganar experiencia para mi carrera |
| <input type="checkbox"/> Share my own culture and traditions | Compartir mis tradiciones y cultura |
| <input type="checkbox"/> To make a difference | Para hacer una diferencia |

INSURANCE	SEGURO DE VIDA
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Insurance's name
Nombre del seguro

Insurance's code
Código del seguro



PERSONAL DETAILS **DATOS PERSONALES**

Last name Apellidos First name (s) Nombre

Permanent Address Dirección Completa

Town Ciudad

Postcode CP Country País

Tel Nº Teléfono Male Masculino Female Femenino Marital Status Estado Civil

Mobile Celular Date of Birth Fecha de Nacimiento / / Age Edad

E-mail E-mail

Do you smoke? Yes No Do you have an international driver's license? Yes No
Fumador Si No Carné de conducir internacional? Si No

Active Religion (if any) Religión

PASSPORT INFORMATION (Exactly as in passport) **INFORMACIÓN DEL PASAPORTE (igual que en el pasaporte)**

Town of birth Ciudad de Nacimiento Passport number Nº Pasaporte

Country of birth País de Nacimiento Country of issue País de emisión

Nationality Nacionalidad Date of issue Fecha de Emisión / / Date of expiry Fecha de expiración / /

EMERGENCY CONTACT DETAILS **CONTACTO EN CASO DE EMERGENCIA**

Full name Nombre

Relationship Parentesco

Address Dirección Completa

Tel Nº Teléfono

Town Ciudad

Mobile Celular

Postcode C.P Country País

E-mail E-mail

PROGRAMME LENGTH **DURACIÓN DEL PROGRAMA**

2 weeks 2 semanas 4 weeks 4 semanas 6 weeks 6 semanas 8 weeks 8 semanas 12 weeks 12 semanas



EDUCATION **EDUCACIÓN**

Which of the following best describes you *En que categoría te ubicas*

Gap Year <i>Ciclo en que te encuentras</i>	<input type="checkbox"/>	Current university student <i>Estudiante actual universitario</i>	<input type="checkbox"/>	Final year university student <i>Ultimo año como estudiante universitario</i>	<input type="checkbox"/>
Non-Student (graduate) <i>No estudiante (graduado)</i>	<input type="checkbox"/>	Non-Student (non-graduate) <i>No estudiante (no graduado)</i>	<input type="checkbox"/>		

Please provide details of the university/Collage you are or will be attending:
Por favor dar detalles de las Universidad/institución a la cual estarás asistiendo:

University / College name
Nombre de la universidad/institución

Course name
Nombre del curso Year of study
Año de estudios

Level of Spanish
Nivel de español

Basic <i>Básico</i>	<input type="checkbox"/>	Intermediate <i>Intermedio</i>	<input type="checkbox"/>	Advanced <i>Avanzado</i>	<input type="checkbox"/>
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Have you ever been to a Spanish speaking country before?
¿Ha estado alguna vez en un país de habla hispana?

<input type="checkbox"/>	Yes <i>Si</i>	<input type="checkbox"/>	No <i>No</i>
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Where en case of affirmative *en cual* For how long? *¿Cuánto tiempo?*

Purpose at visit? *¿Motivo de la visita?*

MEDICAL HISTORY **HISTORIAL MÉDICO**

Taking part on these programs can be physically and mentally demanding, INTEJ needs to be confident that you are in good health and that you are suited to the program to which you are applying. Please answer all the questions below:
Viviendo y trabajando en estos programas puede ser física y mentalmente demandante. INTEJ necesita estar seguro que estas en un buen estado de salud y que el programa esté a tu medida. Por favor contestar todas las preguntas:

- Have you ever suffered from any serious or permanently debilitating illness?
¿Alguna vez ha sufrido o sufre de alguna enfermedad que lo debilite? Yes No
Si No
- Do you have any physical limitations?
¿Tiene alguna limitación física? Yes No
Si No
- Have you ever had a nervous breakdown?
¿Alguna vez ha tenido colapso nervioso? Yes No
Si No
- Have you ever been treated for anxiety or depression
¿Alguna vez ha sido tratado por ansiedad o depresión? Yes No
Si No
- Are you undergoing any sort of medical treatments including pills or drugs?
¿Esta bajo tratamiento en el cual tome alguna píldora o droga? Yes No
Si No
- Do you have any allergies?
¿Tiene algún tipo de alergias? Yes No
Si No
- Have you had any criminal convictions, spent or unspent?
¿Ha tenido algún tipo de condena, realizada o no realizada? Yes No
Si No
- Have you ever been accused of, or involved in an incident involving the sexual or physical abuse of a child?
¿Alguna vez ha estado acusado o envuelto en un incidente que involucre abuso físico o sexual con niños? Yes No
Si No

If you have answered "YES" to any of the above questions, on an additional sheet please provide more details.
Si contesto afirmativamente a cualquiera de las preguntas anteriores, en una hoja adicional por favor de más detalle.

ADDITIONAL INFORMATION

OTROS DATOS DE INTERÉS

On an additional sheet, please address the following points
 En una hoja adicional, por favor escriba los siguientes puntos

1. Have you ever been to Peru? If yes, please explain where, when and for what purpose
 ¿Ha visitado alguna vez Perú? En caso afirmativo, explique que y cuando?
2. Please describe any other travel experience you have had
 Por favor describa cualquier experiencia de viaje que haya efectuado
3. ¿Have you ever worked as a volunteer?
 ¿Ha trabajado antes como voluntario?
4. Have you ever worked abroad? Please explain
 ¿Ha trabajado fuera de su país? Explique
5. Please outline why you chose this program and what you feel you could contribute
 Por favor resalte porque escogió este programa y como cree que podría contribuir
6. How would you describe yourself?
 ¿Cuales son sus principales cualidades?
7. Why did you decide to take part in this program?
 ¿Por qué decidiste participar en el programa?
8. Letter to the Host Family (please write in Spanish). Introduce yourself and give reasons why you have decided to visit Peru.
 Carta a la familia anfitriona. Presentación y descripción de los motivos e intereses que te incitaron venir a Perú
9. Are there any other details that you feel would enhance your application?
 ¿Hay algún otro detalle que desearía realzar en su aplicación?

HOUSING QUESTIONS

PREGUNTAS DE ALOJAMIENTO

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Do you feel comfortable living with children?
¿Se siente cómodo viviendo con niños? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you feel comfortable living with teenagers?
¿Se siente cómodo viviendo con adolescentes? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Would you prefer a family without children?
¿Se sentiría mejor con una familia sin niños? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you feel comfortable living with pets?
¿Se sentiría cómodo viviendo con animales? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you have any fear and/or allergies of household pets?
¿Tiene temor y/o alergias a mascotas? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If yes, describe:
 En caso si, explique

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Do you have any food allergies?
¿Tiene alergias a alguna comida? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|---|-----|--------------------------|----|--------------------------|

If yes, describe:
 En caso si, explique

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| Do you follow special diet?
¿Sigue alguna dieta especial? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|

If yes, describe:
 En caso si, explique

- | | | | | |
|---|-----------|--------------------------|----------|--------------------------|
| Do you smoke?
¿Fuma? | Yes
Si | <input type="checkbox"/> | No
No | <input type="checkbox"/> |
| If yes, will you be willing to stop while on homestay?
En caso si, podría dejar de hacerlo mientras esté en casa de familia? | Yes
Si | <input type="checkbox"/> | No
No | <input type="checkbox"/> |
| If no, will you be willing to live with a family who smokes?
En caso no, podría vivir con una familia que si fume? | Yes
Si | <input type="checkbox"/> | No
No | <input type="checkbox"/> |
| Do you drink alcohol?
¿Toma licor? | Yes
Si | <input type="checkbox"/> | No
No | <input type="checkbox"/> |



PROGRAM REFERENCE **REFERENCIA PERSONAL**

To be completed by a recent employer or current collage instructor or counselor who has know you for at least six months (cannot be a family member)

Para que sea completado por un empleador reciente o un profesor que lo haya conocido al menos 06 meses (no puede ser un miembro de la familia)

Name of applicant for INTEJ program
Nombre del participante del programa INTEJ

How long have you known the applicant? In what capacity?
¿Hace cuanto tiempo conoce al postulante? ¿En que situación?

General comments **Comentarios generales**

Please evaluate the applicant as to: Ability to accept supervision excellent good fair poor
Por favor evalúe al postulante **Habilidad para aceptar supervisión**
Ability to get on with others excellent good fair poor
Habilidad para llevarse bien con otros
Ability to adapt to new situations excellent good fair poor
Habilidad para adaptarse a nuevas situaciones

Would you recommend this person as a suitable participant on an international exchange program? Yes No
¿Usted recomendaría a esta persona como un participante conveniente para un programa de intercambio?

Please explain **Por favor explique**

Reference's details **Datos personales del referente**
Full name
Nombre Completo
Telephone Job title
Teléfono Cargo
Institution/company E-mail
Institución/Compañía E-mail
Complete address
Dirección completa
Reference's signature Date
Firma del referente Fecha

If possible, please endorse with a company/college stamp
Si es posible, por favor endose con el sello de la compañía/ universidad



APPLICATION DECLARATION

DECLARACIÓN JURADA

I have read the program Fact File and Terms and conditions sheet and understand the conditions of the program. I agree to be bound by them and certify that all the statements. I have made on this form are true. I know of no reason why I may be refused entry into to Peru. I agree to provide and take with me personal funds as started. I understand that I may need to show proof of these funds before departure and on arrival.

He leído el integro del programa, descripción y la hoja de información y entiendo las condiciones del programa. Estoy de acuerdo en comprometerme y certifico que todo lo que he escrito anteriormente en esta aplicación es verdadero. Estoy consciente que no existe ninguna razón por la cual podría ser rechazado en la entrada al Perú. Estoy de acuerdo en llevar conmigo fondos suficientes. Entiendo que si fuese necesario debo de demostrar la prueba de estos fondos antes de salir de mi país y al llegar al país de destino.

Signed **Firma** _____

Date **Fecha**

Please send complete applications to:
Inbound Program Dept., INTEJ, Av. San Martín 240, Barranco, Lima - Perú
Or
Scan and send them by mail to: volunteer@inteJ.org

Intej reserves the right to reject any application which is no deemed to be in the best interests of the program
Intej se reserva el derecho de negar una postulación que estime no sea el mejor para los intereses del programa