



Amigos de las Américas of Austin, Inc.

PRE-APPLICATION

Date: _____

Name:			
Permanent Address:		Apt. Number:	
City:	State	Zip	
Temporary Address:			
(Valid Until / /)			
Send Correspondence To: <input type="checkbox"/> Temporary Address <input type="checkbox"/> Permanent Address			
E-mail address:			
Phone Number:		Cell Phone:	
Date of Birth / /		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	
Years of Spanish Study: years / Portuguese years/ Other Language			
School Name:		Expected Graduation Date:	
Previous Amigos Service: Year:		Country:	Project:
Father:		Mother:	
Address:		Address:	
Home Phone: ()		Home Phone: ()	
Business Phone ()		Business Phone () ext	

Please return to:
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 900 Broken Feather Tr. #41
 Pflugerville, TX 78660
 Phone: (512) 251-2891
 Or E-Mail recruiting@austinamigos.org