



Please send this completed application and the \$250 Application Fee to: SIHIC Office, Senecorps Inc., Gaithersburg, MD 20877.

Program Applying to: _____

Desired Length of Participation: 1-3 months (specify) _____ 5 months ____ 1 year ____ 2 year ____

Personal Details

Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Telephone _____ Mobile _____

Email Addresses _____

Date of Birth (Month/Day/Year) _____ Gender _____

City & Country of Birth _____

Marital Status _____ Country of Citizenship _____

Education (if applicable)

School Name _____

Years Completed _____ Major/Course Study _____

Diplomas / Certificates _____

(Optional: The following question helps Senecorps officers to determine what, if any, types of technology will be needed during our review process.)

Are you deaf or hearing impaired? _____ Yes _____ No

If yes, do you lip read? _____ Yes _____ No

Please answer the following questions on a separate sheet of paper. You may also submit your responses online to: senecorps@msn.com

1. Briefly explain why you are interested in volunteering for a SIHIC Project?
2. Why do you think you'll be a suitable candidate for the program of your interest? (Outline relevant skills and previous experience.)
3. What levels would you feel comfortable teaching (i.e. – K-2; Grades 2-4, High School)? Explain.
4. Senecorps needs volunteers to teach ASL courses independently and with core subjects. Additionally, we would like to have volunteers teach elective courses (performing and fine arts, business education, technology, crafts, etc.) using ASL to communicate relevant instructions. Do you have any special skills or interests that you could share with our students and faculty members?
5. Have you already spent an extended time abroad? If so, where, when, and briefly describe your experience.
6. What do you think will be the greatest challenge you are confronted with during your stay in Senegal? Why? What personal skills, beliefs, experiences do you have that will help you overcome these challenges?
7. How did you hear about SIHIC?

Please submit:

- _____ A copy of your most recent resume with your application. _____ \$250 Application Fee
- _____ Two references (1 Personal and 1 Professional)
- _____ Check or Money Order (Payable to: "Senecorps, Inc.")
- _____ Credit Card (Visa or MasterCard Only) Visa MasterCard

I authorize Senecorps to charge \$250 For the Teach English Application Fee

Name of Cardholder: _____

Card Number _____ Expiration Date _____

Cardholder's Signature _____

Fees and Refund Policy

An **Application Fee** of \$250 must accompany your Application Form (\$200 of the Application Fee will be deducted from the Program Fee if the applicant is accepted for a position. The same amount will be refunded if a placement can not be secured.)

The **Balance** for the program of your choice (please see website for current fees) is due with your Acceptance Contract.

Senecorps cannot guarantee that placements will be provided for all accepted applicants. No refund will be issued should you withdraw from the program after placement has been offered. Rejection of a placement offer without valid reasons will be considered withdrawal from the program. If we are unable to find you a Placement, the \$250 deposit will be refunded in full.

Standard processing time is 1-2 weeks.

I confirm that I have read the Senecorps website thoroughly and agree to the terms and conditions set forth. I understand that upon receiving and accepting my Application, Senecorps will mail detailed instructions on medical statements and other supporting documents needed. I will include payment for the appropriate Program with my Acceptance Contract.

Applicant's Signature: _____ Date: _____