

# PEACE CORPS VOLUNTEER APPLICATION



**T**his is an application for people willing to spend 27 months making an individual and highly personal contribution to the peoples of Asia, Africa, and Latin America. The Peace Corps seeks to assist mankind in the struggle against the oppressions of disease, hunger, and lack of education. It seeks to promote peace through the improvement of cross-cultural communication. It is a program in which the Volunteers gain as much as they give.

*Jack Vaughn*  
 Jack Vaughn, Director

Name: \_\_\_\_\_  
 (First) [Middle Initial] (Last)

Current Address: \_\_\_\_\_  
 (Number and Street)

\_\_\_\_\_ (City)

\_\_\_\_\_ (State) (Zip)

Age: (As of date of Application) \_\_\_\_\_

Earliest date available  
 to enter Peace Corps: \_\_\_\_\_  
 (Month) (Year)

Have you applied previously? Yes  No

Are you applying with your  
 spouse or fiancé? Yes  No

Last College attended: \_\_\_\_\_

College Major: \_\_\_\_\_

Graduation date: \_\_\_\_\_  
 (Month) (Year)

00

**PLEASE SEE INSTRUCTIONS ON INSIDE  
 COVER FOR COMPLETING THIS APPLICATION**

## TO APPLY YOU MUST

Be a United States citizen.  
Be at least 18 years of age.  
Have no dependents under 18.  
Be available to enter training within 12 months.

It is best to apply now if you will be available to enter training within the next 12 months. You are not obligated by filing an Application.

## TAKE THE PEACE CORPS PLACEMENT TEST.

This is a brief non-competitive exam which measures language-learning ability. There are no passing or failing scores and the test requires no advance study. The Peace Corps has programs in countries requiring varying degrees of modern language aptitude and in English-speaking countries.

The Placement Test is given in post offices throughout the nation on the third Saturday of every month. It is also given on university campuses. Check with your local post office or the Peace Corps representative on your campus for the date, time and location of the next test.

## WHAT ABOUT

**A skill?** A specific job skill or a college degree greatly improves the applicant's chances of being accepted.

**A language?** Previous language training is not required. The Peace Corps has found that its own training programs can provide the language needed for the Volunteer to do his overseas job. An applicant's ability to learn a language may in part determine where he will serve, as some languages are easier to learn than others.

**Married Couples?** Married couples are encouraged to apply if both husband and wife volunteer. Like other Volun-

teers, they cannot have any dependents under 18 years of age.

**Military Service?** Volunteers are usually deferred during their Peace Corps service; however, such service does not provide an exemption from the draft.

**Choosing where you want to go?** Applicants can designate the country or area where they would like to serve. If the Peace Corps has received a request for someone with your background from the country or area of your choice, it will try to place you there.

## HOW TO COMPLETE THIS APPLICATION

- **PRINT your answers clearly in dark ink or use a typewriter.**

- Read the instructions for each question carefully.

- **Do not leave any item which is not boxed off blank.**

- **When an arrow directs you to an item which applies to you, PLEASE fill in the corresponding information in the box.**

- **Do not write in any shaded areas.**

- **Before filling out any information in this Application, remove the Reference Form (inserted between pages eight and nine.) Lay it flat and be careful not to write over or mar it. Complete this section last and be**

**certain to reinsert it into your application. Additional Reference Forms may be obtained from Peace Corps representatives or your local post office.**

- Please furnish as much information about yourself as you can when completing this Application. This will aid the Peace Corps in finding a suitable assignment for you.

If you do not have sufficient space to complete any of the items satisfactorily, please use the additional space available on page 14, or use an extra sheet and identify which question you are answering.

# Peace Corps Volunteer Application

PLEASE PRINT OR TYPE

1-8

BNO  
9-11

## 1. NAME

A. Last: \_\_\_\_\_ 12-24  
 First: \_\_\_\_\_ 25-34  
 Middle Initial: \_\_\_\_\_ 35

B. Have you ever used any other name(s)?  
 Yes.....  No.....

• Give each name, specify why used (for example, name by former marriage, former name changed legally or otherwise, nickname, etc.) and show dates used.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 2. SEX

Male.....  36-M  
 Female.....  F

## 3. PEACE CORPS AVAILABILITY

A. Date you will be available to enter the Peace Corps.  
 (Must be within 12 months)

\_\_\_\_\_ 37  
 (Year)

\_\_\_\_\_ 38-39  
 (Month—  
 enter  
 numerically)

B. Are there any conditions or restrictions affecting your availability date such as academic or employment commitments?

Yes.....  No.....

• Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Are you a junior in college?  
 Yes.....  No.....  40-0

• Do you wish to be considered for participation in our Advanced Training Program or VISTA Associates Program next summer?

Yes  ..... -1  
 No  ..... -2

## 4. OVERSEAS AREA PREFERENCE

A. Are there countries to which you will NOT accept a Peace Corps assignment?

Yes.....  No.....

• Specify country(ies) and reasons for not wanting to be assigned.

Country(ies)	Reasons
_____	_____
_____	_____
_____	_____
_____	_____

41-43

44-46

B. List the country(ies) or area(s) where you would MOST like to serve. (Include reasons why).

Country or Area	Reasons
_____	_____
_____	_____
_____	_____
_____	_____

47-49

50-52

## 5. PREVIOUS APPLICATION

A. Have you applied to the Peace Corps previously?

Yes.....  No.....

• Application Number: \_\_\_\_\_

• If number is unknown, approximately when did you apply?  
 \_\_\_\_\_

B. Have you ever participated in a Peace Corps training program?

Yes.....  No.....

• Name of program \_\_\_\_\_

• Dates of participation \_\_\_\_\_ to \_\_\_\_\_

C. Have you taken the Peace Corps Placement and/or Language Test?

Yes.....  No.....

• Approx. date test was taken: \_\_\_\_\_

• The Peace Corps Placement and/or Language Test is an important guide in the matching of your language-learning ability with projects in English and non-English speaking countries. It is a brief, non-competitive exam, and you are urged to take it at your earliest convenience. The Placement Test is given in post offices on the third Saturday of every month, and on university campuses.

Approximate date you plan to take the test: \_\_\_\_\_

**6. ADDRESS**

A. Give the address to which Peace Corps notices and announcements are to be sent and where you can currently be contacted. Notify the Peace Corps IMMEDIATELY when this address is changed.

\_\_\_\_\_ 53-77  
 (Number and Street) CD A 80

\_\_\_\_\_ 9-24  
 (City)

\_\_\_\_\_ 25-28  
 (State) (Zip Code) 29-33

\_\_\_\_\_ 34-43  
 (Area Code) (Current Tel. No.)

\_\_\_\_\_ (Area Code) (Business or School Tel. No. where you can be reached)

B. Do you expect to move (such as to a new residence, or to return home for the summer after graduation, etc.)?

Yes.....  No.....

• When do you expect to move? \_\_\_\_\_ 44  
 (Year) \_\_\_\_\_ 45-46  
 (Month—enter numerically)

C. Give the name and address of your next of kin, through whom you can always be reached when not at your current address.

c/o Last Name: \_\_\_\_\_ 47-59  
 First Name: \_\_\_\_\_ 60-69  
 Middle Initial: \_\_\_\_\_ 70

CD B 80

If your current and your next of kin address are the same WRITE, "SAME." \_\_\_\_\_ 9-33  
 (Number and Street)

\_\_\_\_\_ 34-49  
 (City)

\_\_\_\_\_ 50-53  
 (State) (Zip Code) 54-58

\_\_\_\_\_ 59-68  
 (Area Code) (Permanent Tel. No.)

**7. DATE AND PLACE OF BIRTH**

A. Date of birth:

\_\_\_\_\_ 69-70  
 (Year)

\_\_\_\_\_ 71-72  
 (Month—enter numerically)

\_\_\_\_\_ 73-74  
 Day

B. Place of birth:

\_\_\_\_\_ (City) \_\_\_\_\_ (State)

\_\_\_\_\_ (Country)

**8. CITIZENSHIP**

United States citizen Yes.....  75-1

(Check below only if applicable)

• Naturalized Citizen .....  -2  
 Date: \_\_\_\_\_  
 Place: \_\_\_\_\_  
 Name of court: \_\_\_\_\_  
 Certificate of Naturalization number: \_\_\_\_\_

• Also a citizen of another country .....  -3  
 Country: \_\_\_\_\_  
 Explain how and when derived:  
 \_\_\_\_\_  
 \_\_\_\_\_

• Born outside the United States .....  -4  
 Parents' place of birth: \_\_\_\_\_  
 Their citizenship at your birth: \_\_\_\_\_  
 Their periods of residence in the United States:  
 \_\_\_\_\_  
 \_\_\_\_\_

United States citizen No.....

• Do not expect to become a United States Citizen .....  -5

• Expect to become a United States Citizen .....  -6

Date expect to become U.S. Citizen: \_\_\_\_\_

Name under which you entered U.S.: \_\_\_\_\_

Alien registration number: \_\_\_\_\_

Date and place of entry: \_\_\_\_\_

Type of visa: \_\_\_\_\_

Notify the Peace Corps IMMEDIATELY when you are naturalized, and furnish the date, place, name of court and your Certificate of Naturalization number.

9. **DEPENDENTS AND CHILDREN** (other than spouse, even if not living with you)

A. Do you have or have you ever had any children?

Yes.....  No.....

B. Are any persons, (including children) whether or not living with you, partially or totally dependent upon you for their support?

Yes.....  No.....

- Are any of these children under 18 years old?  
Yes.....  No.....
- Are there any other persons dependent on you for support (either partially or totally)?  
Yes.....  No.....

**IF YES TO EITHER OR BOTH OF THE ABOVE**

Give name, date of birth, residence, and name and address of present guardian of each child or dependent whether or not under age 18. Include the extent of your support obligation, its derivation (for example, by court order, by separation agreement, or voluntary, giving full details) and your relationship to each child or dependent.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. **MARITAL STATUS**

A. Single (never married and not currently engaged) .....  76-1

B. Married (and living with spouse) .....  -2

C. Engaged .....  -3

• Plan to serve with spouse? ..... Yes  No   
 (If married, you must serve with your spouse. His or her Application should accompany yours unless previously submitted.)

• Plan to serve with fiancé? ..... Yes  No   
 (Fiancés may choose to serve separately or together)

• Name under which spouse/fiancé is applying (or has applied previously):

\_\_\_\_\_ (First) \_\_\_\_\_ (Last) ..... 9-21

• Spouse's/fiancé's Application number, if known (or date applied) ..... 22-27

• Spouse's/fiancé's Application enclosed ..... Yes  No

• Spouse/fiancé applied previously ..... Yes  No

• Date of marriage (intended marriage): \_\_\_\_\_

D. Widowed .....  -4

Date: \_\_\_\_\_

E. Legally Separated or Divorced .....  -5

F. Otherwise Separated .....  -6

G. Annulled .....  -7

• Please provide the appropriate information below. (Also, if you were married more than once, provide information requested below for each other marriage on page 14 of Application.)

• Date of marriage \_\_\_\_\_

• Date of separation/divorce/annulment: \_\_\_\_\_

• Name of (former) spouse: \_\_\_\_\_

• Place and name of court: \_\_\_\_\_

• Date of court action: \_\_\_\_\_ • Support obligations: \_\_\_\_\_

CD C 80



14. MEDICAL INFORMATION

A. Physical Description

• Height: \_\_\_\_\_ (Feet) \_\_\_\_\_ (Inches) 34-36

• Weight: \_\_\_\_\_ (Pounds) 37-39

• EXPLANATION For "Yes" to Items B, C, D, E, F, and G. Please include dates, description of ailment, and, if appropriate, where treated and name of physician. If more space is needed use page 14 at end of application. Be sure to identify which item you are answering.

B. Have you ever had or been treated for any major physical ailment including tuberculosis, heart disease, thyroid condition, diabetes, cancer, chronic skin disease, paralysis (including polio), stomach, liver or major intestinal trouble (including ulcers), epilepsy, drug or narcotic addiction, bone joint or other deformity, congenital defects, loss of kidney, loss of arm or leg, hernia, eye trouble not correctable by glasses, pilonidal cyst, other?

← Yes.....  No.....

C. Do you need special medical services, dental services, or a diet?

← Yes.....  No.....

D. Have you ever had any treatment or counseling for a psychological problem? (e.g., counseling at a student health service, psychotherapy, hospitalization for observation or treatment.)

← Yes.....  No.....

E. Have you ever had asthma?

← Yes.....  No.....

F. Other allergic disorder?

← Yes.....  No.....

G. Have you ever had surgery?

← Yes.....  No.....

H. List your family doctor(s) or health officer(s) to whom we could write about your health condition:

\_\_\_\_\_ (Name of Physician)

\_\_\_\_\_ (Number and Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

\_\_\_\_\_ (Name of Physician)

\_\_\_\_\_ (Number and Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

I. AUTHORIZATION

I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, CLINICS, OR AGENCIES (INCLUDING DRAFT BOARD AND FEDERAL RECORDS CENTERS) MENTIONED IN ITEMS 13 AND 14 TO FURNISH THE MEDICAL PROGRAM OFFICE OF THE PEACE CORPS WITH A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD AND TO FURNISH THE SELECTION OFFICE A TRANSCRIPT OF MY MILITARY SERVICE RECORDS FOR PROCESSING MY APPLICATION FOR PEACE CORPS SERVICE.

\_\_\_\_\_ (Date) \_\_\_\_\_ (Signature)

\_\_\_\_\_ (Number and Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

15. EDUCATION

A. Present Status

- I am not now a student
- I am a full-time student (including students now employed only for the summer)
- I am a part-time student

B. Educational Level Attained

Check the highest year you will have completed by the date you will be available to enter Peace Corps Training.

- Less than 12th Grade (specify which grade)  40-1
- 12th Grade  -2
- 1st Year College (Freshman)  -3
- 2nd Year College (Sophomore)  -4
- 3rd Year College (Junior)  -5
- 4th Year College (Senior)  -6
- 1 Year of graduate work beyond a Bachelor's Degree  -7
- More than 1 year of work beyond a Bachelor's Degree  -8
- Other (specify): \_\_\_\_\_

C. High School or Vocational School Course:

- If you have completed the 12th grade, please check the type of course you studied in grades 9 to 12.

- Academic.....
- Vocational/Trade.....
- Commercial.....
- Other (specify): \_\_\_\_\_

D. Have you had any job training or apprenticeship training?

- Yes.....  No.....

• Explain, including dates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(PLEASE ANSWER C AND D ABOVE BEFORE E)

E. BEGINNING WITH HIGH SCHOOL (or vocational, trade or technical school — whichever came first), please list in order all the schools you have attended, such as high school, vocational or trade school, technical school, junior college, college, university, etc. Also, include any special Armed Forces training. Please record all information that is applicable concerning your course of study at each school. Please write last school attended in starred (★) box.

	NAME OF SCHOOL (City and State)	TYPE OF SCHOOL (High School, Trade, Jr. College, College, etc.)	AREA OF STUDY		DATES ATTENDED (Month & Year)		(Check one)		DATE Diploma, Certificate, Degree, etc.		TYPE of Degree or Certificate, Such as AA, BA, BS, Etc.
			Major Field	Minor Field	From	To	FULL TIME	PART TIME	Received	Expected	
1.	(Name)										
	(City) (State)										
2.	(Name)										
	(City) (State)										
3.	(Name)										
	(City) (State)										
4.	(Name)										
	(City) (State)										
5.	(Name)										
	(City) (State)										
★	(Name)										
	(City) (State)										

F. If you left school (or are going to leave school) before obtaining a diploma or degree, please indicate reason and date you expect to leave.

G. Circle below the grade which most nearly approximates your scholastic average for all undergraduate college work.

1	2	3	4	5	6	7
A	B+	B	C+	C	D+	D

41

Circle below the grade which most nearly approximates your scholastic average for undergraduate college work in your major field only.

1	2	3	4	5	6	7
A	B+	B	C+	C	D+	D

42

L Col	T	Deg	Date	Yr-Mo	L Col Name	CD	Un Col	T	Deg	Date	Yr-Mo
						E					
43-48	49	50-52	53-56		57-79	80	9-14	15	16-18	19-22	

H. **College Courses.** Complete this item only if you will have two or more years of college or equivalent specialized training by your availability date. Include courses you will have taken by then.

**For Column A.**

Enter the approximate number of hours of credit received for each area you have studied as an undergraduate. If one or more courses were taken under a semester system, enter hours in the "Semester" column. Use the "Quarter" column for any courses taken under a quarter system. Be sure to indicate any college or technical school courses in math, chemistry, physics, biology, surveying or physical education.

**For Column B.**

If you have done college work beyond the bachelor's degree, enter the number of hours of credit as you did in Column A.

A Undergraduate Hours Completed		Areas of Study	B Graduate Hours Completed	
Semester	Quarter		Semester	Quarter
01		Accounting		
02		Agricultural Extension		
03		Agronomy		
04		Animal Husbandry		
05		Anthropology		
06		Architecture or City Planning		
07		Arts, Fine or Applied		
08		Biological Sciences		
09		Business Administration		
10		Chemistry		
11		Economics		
12		Education		
13		Engineering		
14		English Composition		
15		English Literature		
16		Foreign Language		
17		Forestry and Conservation		
18		Geography or Area Studies		
19		Geology		
20		History		
21		Home Economics including Nutrition		
22		Horticulture		
23		Journalism		
24		Law		
25		Mathematics		
26		Medicine		
27		Military Science, ROTC		
28		Music		
29		Nursing		
30		Philosophy or Religion		
31		Physical Education or Recreation		
32		Physics		
33		Political Science		
34		Psychology		
35		Public Administration		
36		Public Health		
37		Sanitation or Sanitary Equipment		
38		Social Work		
39		Sociology		
40		Speech		
41		Statistics		
42		Vocational Education		
43		Other Agriculture		
44		Other Health Fields		
45		Other Physical Sciences		
46		Other Areas not listed elsewhere (specify on page 14)		

**16. EMPLOYMENT**

A. Have you ever been employed?

Yes  No

- I am currently employed full-time
- I am currently employed part-time
- I am not currently employed
- I am retired
- Other (specify): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. List below all jobs you have held for at least a month since your 16th birthday, with your present or more recent job first, and so on:

- (a) **Do not include military service or attendance at school.** These are covered elsewhere in this Application.
- (b) If you have held more than five jobs, provide the same information for the other job(s) on page 14.
- (c) **Be sure to account for each year you have been employed.**

1. Present or last job:

- If this is your present job, may we contact your supervisor for a reference?

Yes  No

Name of company: \_\_\_\_\_

Your job title: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Dates employed: From \_\_\_\_\_ to \_\_\_\_\_  
 (Month) (Year) (Month) (Year)

Average number of hours per week: \_\_\_\_\_

Major duties: \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving (If not currently employed): \_\_\_\_\_  
 \_\_\_\_\_

2. Name of company: \_\_\_\_\_

Your job title: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Dates employed: From \_\_\_\_\_ to \_\_\_\_\_  
 (Month) (Year) (Month) (Year)

Average number of hours per week: \_\_\_\_\_

Major duties: \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
 \_\_\_\_\_

MAJ   23-24

GRAD MAJ   27-28

MIN   25-26

3. Name of company: \_\_\_\_\_

Your job title: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Dates employed: From \_\_\_\_\_ to \_\_\_\_\_  
(Month) (Year) (Month) (Year)

Average number of hours per week: \_\_\_\_\_

Major duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

4. Name of company: \_\_\_\_\_

(Number and Street)

(City) (State) (Zip Code)

(Name of immediate supervisor)

Your job title: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Dates employed: From \_\_\_\_\_ to \_\_\_\_\_  
(Month) (Year) (Month) (Year)

Average number of hours per week: \_\_\_\_\_

Major duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

5. Name of company: \_\_\_\_\_

(Number and Street)

(City) (State) (Zip Code)

(Name of immediate supervisor)

Your job title: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Dates employed: From \_\_\_\_\_ to \_\_\_\_\_  
(Month) (Year) (Month) (Year)

Average number of hours per week: \_\_\_\_\_

Major duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

C. Explain periods of time not otherwise accounted for by your employment record, travel, school attendance or military service:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 17. TEACHING EXPERIENCE

A. Have you had any teaching experience (including practice teaching)?

Yes.....  No.....  29-0

B. What levels did you (do you) teach?	(check one)		Length of Experience (Years) (Months)
	Full Time	Part Time	
• Pre-school or kindergarten .....	<input type="checkbox"/>	<input type="checkbox"/>	..... 1
• Primary (grades 1-6) .....	<input type="checkbox"/>	<input type="checkbox"/>	..... 2
• Secondary (grades 7-12) .....	<input type="checkbox"/>	<input type="checkbox"/>	..... 3
• College level .....	<input type="checkbox"/>	<input type="checkbox"/>	..... 4
• Adult education .....	<input type="checkbox"/>	<input type="checkbox"/>	..... 5
• Agricultural extension .....	<input type="checkbox"/>	<input type="checkbox"/>	..... 6
• Conducted on-the-job training .....	<input type="checkbox"/>	<input type="checkbox"/>	..... 7
• Vocational/Trade .....	<input type="checkbox"/>	<input type="checkbox"/>	..... 8
• Other teaching experience: (specify) .....	<input type="checkbox"/>	<input type="checkbox"/>	..... 9
• Practice teaching only. (Include any experience you intend to obtain before availability date) .....	<input type="checkbox"/>	<input type="checkbox"/>	..... A

• Name of supervising teacher: \_\_\_\_\_

• Address of supervising teacher: \_\_\_\_\_  
\_\_\_\_\_

• Name of school: \_\_\_\_\_

C. Do you now hold a teaching certificate or will you hold one by the date of your availability for Peace Corps?  
Yes.....  -1 No.....  -2 30

• Levels: \_\_\_\_\_ Subjects: \_\_\_\_\_

• Issuing State: \_\_\_\_\_

• Date awarded: \_\_\_\_\_

### 18. FARMING EXPERIENCE

A. Have you ever worked or lived on a farm?

Yes.....  No.....  31-0

- Worked on a farm for less than 4 months .....  1
- Worked on a farm for 4 months to 2 years .....  2
- Worked on a farm for more than 2 years .....  3
- Not worked but have lived on a farm for more than 2 years .....  4

IF worked on a farm,  
Provide as much information as possible:

• Dates on farm(s) From: \_\_\_\_\_ To: \_\_\_\_\_

• Size of farm(s): \_\_\_\_\_

• Types of crops: \_\_\_\_\_

• Livestock: \_\_\_\_\_

• Equipment operated: \_\_\_\_\_

• Any other details which may be helpful in considering your qualifications:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**19. FOREIGN LANGUAGE ABILITY**

Yes  No

A. Do you know a language other than English?

B. Enter language(s) known, and under each category check P for Poor, F for Fair, G for Good, and E for Excellent:

Language	Reading Ability				Writing Ability				Speaking Ability				Ability to understand conversation				Number of years of training	Where learned (high school, college, residence, etc.)	Was this language spoken in your home?			
	P	F	G	E	P	F	G	E	P	F	G	E	P	F	G	E			Yes	No		
					34				35				36				37			38		
					41				42				43				44			45		

**20. FOREIGN TRAVEL**

Yes  No

A. Have you ever traveled abroad?

B. List below any countries in which you have visited one month or less, including military service travel:

List below any countries in which you have visited more than one month. Include military service travel and give approximate dates and reason for each visit:

**21. SPORTS AND HOBBIES**

Yes  No

A. Are you or were you a member of an athletic team?

B. Name of sport	Type of Team			Varsity	Level of Team		Did you hold any team offices and/or win any team awards? If Yes, specify:
	High School	College	Other (specify)		Jr. Varsity	Other (specify)	
	46-1	-2	-3				

C. Please list your hobbies, sports and other leisure-time activities and rate your participation in each:

Activity	Participate		
	Regularly	Occasionally	Seldom

**22. ORGANIZATIONS**

List past or present organizational memberships, giving dates. (You need not list those showing religious or political affiliations):

List offices you held in any of these organizations, giving dates.

	Names of Organizations	Offices Held	Dates
A. Labor unions (including names and addresses of local business managers):			
B. Civic, community action, or social organizations (non-college):			
C. Farm or fraternal organizations (non-college):			
D. College organizations:			
E. High school organizations:			
F. Other:			

**23. PEACE CORPS SKILL CLASSIFICATION**

**A. Primary skills:**

The Peace Corps assigns Volunteers overseas to a wide variety of activities. In the space below tell us the kind of overseas work you would feel best qualified to do. Be as specific as possible and consider not only your formal school or work background but also your hobbies and interests. Do not hesitate to describe more than one type of possible assignment and also indicate why you feel fitted for each activity mentioned.

• Job best qualified for: 51-52    
53-54

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• Job next best qualified for: 55-56    
57-58

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• Third most appropriate job:

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**B. Additional Skills:**

Check below any additional skills you may have acquired through hobbies, part-time jobs or full-time jobs. In the boxes below rate your level of ability for each applicable skill by indicating a "1" for highly skilled, a "2" for average skill and a "3" for slightly skilled. In the second column indicate where you acquired the particular skill, i.e., education/training, work experience, education and experience, hobby.

Skill(s)	Self-Rating	Source
Auto Mechanics .....	<input type="checkbox"/>	_____
Carpentry .....	<input type="checkbox"/>	_____
Child Care .....	<input type="checkbox"/>	_____
Cooking .....	<input type="checkbox"/>	_____
Conservation .....	<input type="checkbox"/>	_____
Electrical Work .....	<input type="checkbox"/>	_____
Health/Hygiene .....	<input type="checkbox"/>	_____
Heavy Equipment Operation	<input type="checkbox"/>	_____
Masonry .....	<input type="checkbox"/>	_____
Plumbing .....	<input type="checkbox"/>	_____
Sewing .....	<input type="checkbox"/>	_____
Shorthand .....	<input type="checkbox"/>	_____
Typing .....	<input type="checkbox"/>	_____
Welding .....	<input type="checkbox"/>	_____
Other .....	<input type="checkbox"/>	_____

**24. AWARDS**

A. Have you received any academic awards, scholarships, fellowships, prizes, etc?

Yes.....  No.....

• Specify them, giving dates:

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B. Have you received any awards, for example for community work, union or college activities, job incentives, etc.?

Yes.....  No.....

• Specify them, giving dates:

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C. Have you had original material published, displayed, etc.?

Yes.....  No.....

• Specify, giving dates, publisher, etc.:

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**25. SOCIAL SECURITY NUMBER**





**PLEASE DO NOT FORGET  
TO PLACE THE REFERENCE FORM  
INSIDE THE APPLICATION**

**THE APPLICATION IS INCOMPLETE  
WITHOUT IT.**



**PEACE CORPS  
VOLUNTEER  
APPLICATION**