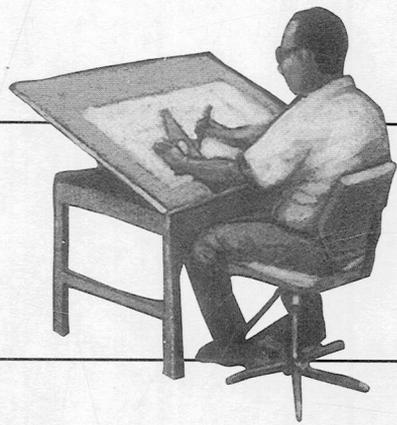
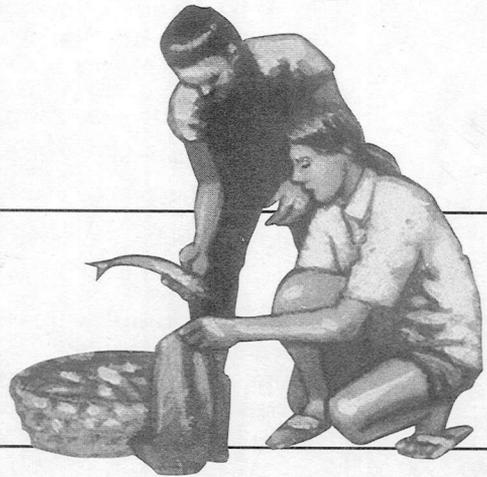
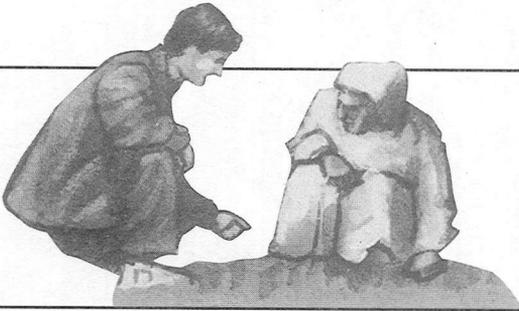


# APPLICATION



Peace Corps



**T**hank you for your interest in Peace Corps. Filling out this application will be time-consuming, but it could embark you on the most remarkable experience of your life.

You are welcome to apply *if you:*

- have skills requested by at least one of our host countries
- meet medical, legal, and security requirements
- are a U.S. citizen
- are at least 18 years old (there is no upper age limit)

**Married couples** are eligible, but both spouses must serve as Volunteers. Therefore, you should submit *two applications*. It is difficult—at times impossible—for us to ensure compatible job assignments and work sites for couples, so please be patient. Currently, however, we are unable to place **families with dependent children**.

Please look this application over carefully before starting it. You will gain insight into our selection process, avoid duplication in your responses, and learn what documents and other materials you may need for reference.

Also, be sure you have:

- read the brochure “The Toughest Job You’ll Ever Love” and other Peace Corps materials provided
- considered your medical qualifications based on the accompanying document, “Medical Information for Applicants”
- pondered the commitment involved and the effect of your service on family and loved ones

Assignments are filled competitively. Take special care in filling out this application since it will be our main source of information about you. *Answer each question as completely as possible.* If necessary attach separate sheets of paper indicating the number(s) of the question(s), your name, and social security number. Note that perforations allow you to tear out pages for ease of typing.

**If you have questions, contact the recruiting office serving your state (see back cover).**



# Peace Corps Volunteer Application

Type or print legibly in black ink

## 1. NAME

First \_\_\_\_\_ Middle (not initial) \_\_\_\_\_ Last \_\_\_\_\_

## 2. SOCIAL SECURITY NUMBER

□ □ □ □ □ □ □ □ □ □ □ □

## 3. DATE OF BIRTH

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Numeric Month Day Year

## 4. SEX Female Male

## 5. THE EARLIEST DATE YOU WILL BE AVAILABLE FOR PEACE CORPS TRAINING:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Numeric Month Day Year

Please notify us if this date changes.

## 6. HAVE YOU PREVIOUSLY:

If yes, give dates and location.

A. Submitted a Peace Corps application?  Yes  No

\_\_\_\_\_

B. Participated in Peace Corps training?  Yes  No

\_\_\_\_\_

C. Served as a Peace Corps Volunteer?  Yes  No

\_\_\_\_\_

## 7. PEACE CORPS VOLUNTEERS MUST BE U.S. CITIZENS...ARE YOU?

A.  Yes  No Place of birth \_\_\_\_\_

B. Naturalization number if you are a naturalized citizen \_\_\_\_\_

## 8. ADDRESS

### A. Current Mailing Address

(all information will be sent to this address until you notify Peace Corps of a change in address.)

### C. Permanent Mailing Address

(Name and address of person through whom you can always be reached.)

Number and Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Number and Street \_\_\_\_\_

Area Code/Home Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Area Code/Work Phone (if applicable) \_\_\_\_\_

Area Code/ Home Phone \_\_\_\_\_

### B. Do you expect to move in the next 12 months?

Yes  No If yes, when \_\_\_\_\_

Area Code/Work Phone \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Numeric Month Day Year

## FOR OFFICE USE ONLY

Marital \_\_\_\_\_ Spouse full name \_\_\_\_\_ Spouse SSN \_\_\_\_\_ Dependents \_\_\_\_\_  
Lang 1 \_\_\_\_\_ Exp \_\_\_\_\_ Lang 2 \_\_\_\_\_ Exp \_\_\_\_\_ Ed level \_\_\_\_\_ College 1 \_\_\_\_\_  
Degree 1 \_\_\_\_\_ Major 1 \_\_\_\_\_ Minor 1 \_\_\_\_\_ Grad date 1 \_\_\_\_\_ College 2 \_\_\_\_\_ Degree 2 \_\_\_\_\_  
Major 2 \_\_\_\_\_ Grad date 2 \_\_\_\_\_ College 3 \_\_\_\_\_ Degree 3 \_\_\_\_\_ Major 3 \_\_\_\_\_ Grad Date 3 \_\_\_\_\_  
Skill 1 \_\_\_\_\_ Skill 2 \_\_\_\_\_ Skill 3 \_\_\_\_\_ Source \_\_\_\_\_ EC \_\_\_\_\_  
Recruiter \_\_\_\_\_ Date \_\_\_\_\_ Completed by \_\_\_\_\_

## 9. INTELLIGENCE ACTIVITIES AND ORGANIZATIONS

In order to protect Volunteers' safety and maintain the trust and confidence of those in the countries we serve, it is crucial that there be a total separation of Peace Corps from intelligence activities both in reality and appearance. Therefore, you may be ineligible for Peace Corps service if you have been employed by an intelligence agency or activity or if you have engaged in intelligence activities. These are defined as clandestine collection of, and/or analysis of, information intended for use by any government in formulating or implementing political or military policy in regard to other countries, and/or covert intelligence activities of any kind.

Employees of the **Central Intelligence Agency (CIA)** are permanently ineligible for Peace Corps service. Other persons whose work history involves substantial connection with an intelligence activity through employment or otherwise are ineligible for at least ten years from the date of their last connection with the activity. Close family relations to individuals engaged in intelligence activities may also result in ineligibility.

If you have been associated, even through a close family member, with the **CIA** or the **Defense Intelligence Agency**, you or the relevant family member should consult with the general counsel of the respective agency who will, in turn, consult with Peace Corps general counsel. Other applicants with questions about this policy that recruiters cannot answer may call our general counsel at (202) 606-3114.

All applicants must undergo, at minimum, a National Agency Check (NAC) background investigation to help us determine legal suitability. Forms and fingerprint charts necessary for this investigation will be sent to you later.

**A.** Are you now or have you ever been associated with intelligence activities of any agency of the U.S. government or any other government?  YES  NO

**B.** If yes, provide details including dates and agency or division for which the work was performed and/or the nature of the association. If military, give your MOS number and any service schools attended on a separate sheet of paper and attach to this page.

## 10. MILITARY STATUS

**A.** Are you now a member of the ROTC, National Guard, or Reserves?  YES  NO

If yes, how will you fulfill your obligation? \_\_\_\_\_

**B.** Have you ever served in the Armed Forces?  YES  NO

If yes, complete the following:

Branch \_\_\_\_\_

Serial/file number \_\_\_\_\_

Highest rank held \_\_\_\_\_

Dates of service From \_\_\_\_\_ To \_\_\_\_\_

Type of discharge \_\_\_\_\_

**C.** If your discharge was other than honorable, explain the circumstances in detail on a separate sheet of paper and attach to this page.

## 11. MARITAL STATUS

- |   |  |
|---|--|
| 1 <input type="checkbox"/> Single (never married)   | 4 <input type="checkbox"/> Married—not planning to serve with spouse |
| 2 <input type="checkbox"/> Planning to marry within one year (date of expected marriage: _____) | 5 <input type="checkbox"/> Widowed                                   |
| 3 <input type="checkbox"/> Married—planning to serve with spouse (date of marriage: _____)      | 6 <input type="checkbox"/> Divorced or legally separated             |

**MEDICAL INFORMATION**

To begin the medical evaluation process, tear out this page, complete both sides, and place it and any additional pages in the enclosed envelope marked "Medical Information Envelope." Print the necessary information on the envelope, seal it, and staple it to the application where indicated. This process will ensure confidentiality. Your recruiter will not see your medical history. It will only be reviewed if you have been nominated and your file has been forwarded to Washington.

If you are nominated to an assignment, we will ask you to undergo thorough medical and dental exams necessary to determine whether we can safely accommodate you overseas. You will also be asked to provide a report attesting that you are seronegative for the antibody to human immunodeficiency virus (HIV). HIV testing is readily available in most areas, and all state health departments provide it. Peace Corps will pay for medical and dental exams and required tests in the amount shown in the medical packet you will receive later in the application process. Necessary immunizations will be provided by Peace Corps.

You have the right to withdraw your application at any time without explanation.

Peace Corps welcomes individuals with handicaps or other health or medical problems who can, with reasonable accommodation, perform Volunteer assignments and who meet all other qualifications. To determine whether you are medically qualified for service and to enable us to identify appropriate overseas assignments, the following questions *must be answered completely and accurately.*

Social Security Number  Today's Date \_\_\_\_\_

First Name \_\_\_\_\_ Middle (not initial) \_\_\_\_\_ Last \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs. Age: \_\_\_\_\_

Are you a former Peace Corps Volunteer?  YES  NO

If yes, when? \_\_\_\_\_ Country: \_\_\_\_\_

If applying with spouse:

Spouse's Name \_\_\_\_\_ Spouse's SSN \_\_\_\_\_

**IMPORTANT: COMPLETE MEDICAL HISTORY SECTION ON REVERSE SIDE.** (Printed upside down for processing purposes) 

FOR OFFICE USE ONLY	
Med Status _____	COI: _____
Letters sent _____	Special Processing: _____
Kit sent (Y/N) _____ Date _____	Prog #: _____
Nurse _____	Evaluator: _____

Your Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

# Medical History

Do you suffer from, or have you ever been treated for, any of the following:

For everything checked yes, describe the nature of the condition, treatment, results, and dates. Add any other pertinent medical information. Use additional sheets and attach to this page if necessary.

- |                                    | YES                      | NO                       |       |
|------------------------------------|--------------------------|--------------------------|-------|
| 1. asthma/wheezing                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. diabetes                        | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. heart ailment                   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. liver problems                  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. stomach or intestinal problems  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. cancer                          | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. high blood pressure             | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. joint or back problems          | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. kidney problems                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10. gynecological problems         | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 11. epilepsy/neurological problems | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 12. eye problems                   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 13. ear problems                   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 14. lung problems                  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 15. thyroid problems               | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 16. skin diseases                  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 17. hernia                         | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 18. pilonidal cyst                 | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 19. alcoholism                     | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 20. drug or alcohol problems       | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

21. Do you need any special medical or dental services?  YES  NO  
Describe \_\_\_\_\_

22. Have you ever had any counseling or therapy?  YES  NO  
Describe \_\_\_\_\_

23. Are you allergic to any medicines (e.g. penicillin, sulfa, etc.), insect stings, foods, animals, or plants?  YES  NO  
Describe reaction/dates and treatment received \_\_\_\_\_

24. Have you had surgery *other than* a tonsillectomy, vasectomy, hernia repair, abortion, appendectomy, or wisdom tooth removal?  YES  NO  
Name of surgery: \_\_\_\_\_ Date: \_\_\_\_\_

25. Are you now under the care of a doctor or other practitioner for any reason?  YES  NO  
Explanation \_\_\_\_\_

26. Are you currently taking any medications?  YES  NO  
List and indicate for what condition and how often \_\_\_\_\_

List the name(s) of former spouse(s) as well as the year(s) of divorce, separation, or death:

NAME(S) OF FORMER SPOUSE(S)	YEAR	NAME(S) OF FORMER SPOUSE(S)	YEAR
_____	_____	_____	_____
_____	_____	_____	_____

If you are planning to serve with your spouse, please **staple your applications together** before submitting them. Indicate name and social security number of spouse (fiancé/fiancée):

First Name	MI	Last Name	Social Security Number
_____	_____	_____	<input type="text"/>

**12. DEPENDENTS**

**A.** Are any persons partially or totally dependent upon you for support whether or not they are living with you? (If you answer no, skip to #13.)  YES  NO

**B.** List all children under age 18 whether or not they are dependent upon you for financial support.

NAME OF CHILD	ADDRESS	AGE	DEPENDENT? (YES/NO)
_____	_____	_____	_____
_____	_____	_____	_____

**C.** List all dependents not listed above for whom you have support obligations.

NAME OF DEPENDENT	ADDRESS	RELATIONSHIP
_____	_____	_____
_____	_____	_____

**D.** Do you have adequate means to continue support obligations while serving without salary as a Volunteer?  YES  NO

If yes, please specify what arrangements would be made on a separate sheet of paper and attach to this page.

**13. LEGAL INFORMATION**

If you have questions about the following issues that your recruiter cannot answer, you may call Peace Corps at (800) 424-8580, ext. 2211.

**A.** Have you ever been convicted of any offense by a civilian or military court, or have you been subjected to any disciplinary action by a military court or a tribunal? (Include misdemeanors as well as felonies, but do not include traffic violations for which the sentence consisted only of a fine of \$200 or less, or any offense that occurred before your eighteenth birthday.)  YES  NO

**B.** Are you now under charges for any offense (including traffic offenses), or are any civil suits or judgments now pending against you?  YES  NO

If you answered yes to either of the above, provide the following details on a separate sheet of paper and attach to this page. State your name, date, and place of each arrest, suit, or judgment. Give the nature of the charge or suit, and current status or disposition including any sentence or fine imposed. Provide a complete explanation of the circumstances. (This information will be treated confidentially.)

**C.** List any outstanding student loans that cannot be satisfied prior to training. (Contact your lending institution for accurate information.)

TYPE OF STUDENT LOAN	AMOUNT OF LOAN	PRINCIPAL DEFERRABLE	INTEREST DEFERRABLE
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**D.** Indicate the nature and terms of any other financial obligations that cannot be satisfied prior to training on a separate sheet of paper and attach to this page.

## 14. PRACTICAL EXPERIENCE

While most Peace Corps assignments require a specific college degree, there are some that require experience alone and others that require a combination of experience and education. Indicate any significant experience *within the past ten years* including summer, part-time and volunteer work, and activities such as home gardening, beekeeping, community service, etc.

	Dates of Involvement		Brief Description of Experience
	From Month/Year	To Month/Year	
<b>1. Food Production &amp; Natural Resources</b>			
a) Vegetable gardening			
b) 4-H/FFA			
c) Farm experience (after age 13)			
d) Ag. Economics/Farm Management			
e) Environmental Education			
f) Parks/Wildlife			
g) Soil Science/Plant Pathology			
h) Animal Husbandry			
i) Forestry/Greenhouse/Nursery			
j) Fisheries			
k) Beekeeping			
<b>2. Business &amp; Engineering</b>			
a) Business Management			
b) Cooperatives/Credit Unions			
c) Accounting			
d) Bookkeeping			
e) Urban Planning			
f) Computer Science			
g) Sanitary/Environmental Eng.			
h) Civil/Structural Eng.			
<b>3. Skilled Trades</b>			
a) Plumbing			
b) Woodworking			
c) Construction			
d) Mechanics			
e) Masonry			
f) Metalworking			
g) Electricity			
h) Industrial Arts Teaching			

4. Health and Social Services	Dates of Involvement		Brief Description of Experience
	From Month/Year	To Month/Year	
a) Nutrition			
b) Home Economics			
c) Social Work/Counseling			
d) Community Development			
e) Youth Work/Coaching			
5. Education/Teaching			
a) Primary Education			
b) Secondary Education (please specify subject area)			
c) Special Education			
d) Business Education			
e) Adult Education			
f) Teacher Training			
g) English/ESL/TEFL teaching			
h) English/ESL/TEFL tutoring			
6. Other experience: please identify areas where you have significant experience (e.g. handicrafts)			

**15. LANGUAGE**

Many assignments require previous language study. Please indicate your experience in learning and speaking languages other than English *within the past ten years.*

Language	Speaking Ability (check one)				# Years Studied/Spoken			Spoken During Travel		
	Poor	Fair	Good	Excel.	High School	College	Home	From Mo./Yr.	To Mo./Yr.	Countries
Spanish										
French										
Other:										
Other:										
Other:										

**16. EDUCATION** (Check box for highest level you will have completed by availability date.)

- |  |  |
|--|--|
| 1 <input type="checkbox"/> did not complete high school          | 6 <input type="checkbox"/> college graduate          |
| 2 <input type="checkbox"/> high school graduate                  | 7 <input type="checkbox"/> graduate study            |
| 3 <input type="checkbox"/> one or two years of college completed | 8 <input type="checkbox"/> graduate degree           |
| 4 <input type="checkbox"/> A.A. degree or equivalent             | 9 <input type="checkbox"/> technical school graduate |
| 5 <input type="checkbox"/> 3rd year of college completed         | 10 <input type="checkbox"/> other (specify GED etc.: |

Beginning with the most recent, and going back as far as high school, list all schools attended:

Name of School, City & State	Major	Minor	From mo/yr	To mo/yr	Type of degree or diploma	Date rec'd or expected

**17. LICENSES/CERTIFICATES**

Are you a state-certified teacher?  YES  NO Subject and grade level \_\_\_\_\_

List other job-related licenses or certificates such as nursing, lifesaving, CPR, skilled trades rankings including journeyman status, etc., that you have or will have by your eligibility date. **Include a photocopy of each current license/certificate.**

License or Certificate	Date of License or Certificate	State or other Licensing Agency
1.		
2.		
3.		
4.		

**18. COURSEWORK**

Complete this item if you will have finished two or more years of college, trade school, or equally advanced or specialized training by your availability date. Enter the number of credits received as an undergraduate and as a graduate student. List semester credits under the "Sem." column and quarter credits under the "Qtr." column. Also, **attach a copy of your transcript.** (An official copy is not necessary.)

Subject	Undergraduate Credits		Graduate Credits	
	Sem.	Qtr.	Sem.	Qtr.
Agronomy				
Ag. Mechanics				
Biology				
Botany				
Chemistry				
Conservation/Ecology				
Crop Science/Production				
Entomology				
Environmental Ed.				
Env. Science/Studies				
Forestry				
Geology				
Landscape Arch.				
Mathematics/Statistics				
Natural Resources				

Subject	Undergraduate Credits		Graduate Credits	
	Sem.	Qtr.	Sem.	Qtr.
Ornamental Hort.				
Park Planning/Admin.				
Parks/Recreation				
Physics				
Plant Pathology				
Resource Mgmt.				
Soil Science				
Watershed Mgmt.				
Other Agriculture				
1.				
2.				
3.				
Other Science				
1.				
2.				

**19. EMPLOYMENT RECORD**

Even if you submit a résumé, this section must be completed. Please include any self-employment, home management, full- or part-time, salaried employment. Start with your current or most recent experience, and go back ten years or until date of high school graduation. For experience more than ten years old please attach a summary. Photocopy this page if additional sheets are necessary.

**A. Employer** \_\_\_\_\_

City/State \_\_\_\_\_

From \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)

Hours per week \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Phone Number \_\_\_\_\_

Title \_\_\_\_\_

Duties & Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**B. Employer** \_\_\_\_\_

City/State \_\_\_\_\_

From \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)

Hours per week \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Phone Number \_\_\_\_\_

Title \_\_\_\_\_

Duties & Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**C. Employer** \_\_\_\_\_

City/State \_\_\_\_\_

From \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)

Hours per week \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

Phone Number \_\_\_\_\_

Title \_\_\_\_\_

Duties & Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**D. Employer** \_\_\_\_\_

City/State \_\_\_\_\_

From \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)

Hours per week \_\_\_\_\_

Title \_\_\_\_\_

Duties & Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**E. Employer** \_\_\_\_\_

City/State \_\_\_\_\_

From \_\_\_\_\_ (mo/yr) to \_\_\_\_\_ (mo/yr)

Hours per week \_\_\_\_\_

Title \_\_\_\_\_

Duties & Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**20. TIME GAPS**

Please account for periods of time greater than 2 months not otherwise accounted for by employment, school, military, etc. Give specific dates for each activity:

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





**24. VOLUNTEER ASSIGNMENT PREFERENCE**

Briefly describe the work assignments you would prefer. (A list of current assignments can be found in the brochure "The Toughest Job You'll Ever Love.")

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**25. GEOGRAPHIC PREFERENCE**

Placement depends primarily upon how well your background meets the requirements of a specific assignment. We ask you to be flexible about your geographic area of assignment. However, if you do have a preference for a particular region of the world, indicate it below.

- No preference
- Africa             North Africa       Middle East       Central/Eastern Europe
- Asia                 Pacific             Caribbean       Latin America

Please explain your preference: \_\_\_\_\_

Please indicate countries in which you would not want to work and tell why: \_\_\_\_\_

**REQUEST FOR RACIAL AND ETHNIC DATA**

This information is **voluntary** and is requested solely for the purpose of determining compliance with federal civil rights law. Your response will not affect consideration of your application. By providing this information you will assist us in assuring that the Peace Corps is administered in a nondiscriminatory manner.

The information requested in this section is covered by the provisions of the Privacy Act described below.

Please place an "x" in the box next to the classification that applies to you.

- Black, not of Hispanic origin (a person having origins in any of the Black racial groups of Africa). (1)
- Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race). (2)
- American Indian or Alaskan Native ( a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition). (3)
- Asian or Pacific Islander (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippines, Samoa, and Vietnam.). (4)
- White, not of Hispanic origin (having origins in any of the original peoples of Europe, North Africa, or the Middle East). (7)
- More than one of the above. (Comment if you wish) (5)

**IMPORTANT**

Discrimination based on race, color, national origin, religion, age, sex, handicap, or political affiliation is prohibited. All services are administered on a non-discriminatory basis. Anyone who feels he or she has been discriminated against should contact the Peace Corps, Equal Employment Opportunities Office, Washington, D.C. 20526.

## 26. CHECKLIST

- Have you completed all sections thoroughly and carefully?
- Have you put the medical information in the envelope provided, filled out the envelope, and stapled it to the inside front cover?
- Have you contacted your references and enclosed the reference list?
- Have you included a copy of your transcript(s) and any license(s) or certification(s)?
- Have you made a copy of this entire application for your records?

## 27. CERTIFICATION

Please sign below and return this application to the recruiting office serving your state (see back of application for addresses).

**I CERTIFY that all of the statements made in this application are true, correct, and complete to the best of my knowledge and are made in good faith. I understand that any misinformation may be cause for disqualification or termination.**

---

Signature

Date

## APPLICATION COMPLETION TIME

Peace Corps estimates that the average time to complete this form is 3 hours, including the time to assemble the information. If you have any comments concerning the accuracy of this estimate and any suggestion for reducing it, please address them to Peace Corps; Paperwork Reduction Project (0420-0005), Room 5316; 1990K Street, N.W.; Washington, D.C. 20526; and to the Office of Management and Budget; Paperwork Reduction Project (0420-0005); Washington, D.C. 20503.

## PRIVACY ACT NOTICE

Peace Corps, an agency of the Federal Government, is required, by provisions of the Privacy Act of 1974 (5 U.S.C. 552a), to advise you of the following information regarding this application:

- A. This application is authorized by the provisions of the Peace Corps Act (22 U.S.C. 2501, et seq.) which authorize the collection of information regarding the suitability and qualifications of applicants.
- B. The principal purpose for which the information provided herein will be used is to evaluate your suitability and qualifications to serve in a Peace Corps full-time volunteer program.
- C. Information in this application may routinely be disclosed as follows:
  - 1. to host country agencies for the purpose of determining placement, obtaining visas, and other program related matters;
  - 2. to police or judicial authorities where appropriate and properly requested;
  - 3. to the Treasury and other Federal agencies for use in connection with support payments and Social Security and Federal Income tax matters;
  - 4. to the Office of Personnel Management, other Federal agencies, and others, if necessary, for the purpose of a background suitability investigation;
  - 5. to other Federal agencies having an interest in employment of the applicant or Volunteer, provided that except for information required for authorized security clearances, information provided will be limited to dates of service and a standard description of service;
  - 6. to a court or other appropriate tribunal upon subpoena or other request;
  - 7. to a member of Congress upon request indicating that such member has been requested by an individual about whom the record is maintained to obtain such information;
  - 8. information may be used as a source for management information or preparation for statistical reports (without personal information);
  - 9. to the National Archives and Records Administration, GSA, in authorized management inspections;
  - 10. when required under provisions of the Freedom of Information Act (5 U.S.C. 552) and Privacy Act (5 U.S.C. 552a);
  - 11. to the Bureau of the Census for the purposes of planning or carrying out a census survey or related activity pursuant to the provisions of Title 13; and
  - 12. to Peace Corps personnel who have a need for the information in the performance of their duties;
  - 13. to the Volunteer's family members in emergency situations;
  - 14. in the case of United Nations Volunteers, to appropriate UN officials;
- D. The completion of this application is voluntary; however, failure to provide information requested may result in Peace Corps' inability to assess the qualifications of an applicant and result in non-selection for the volunteer program applied for.

# Peace Corps Recruitment Offices

## **BOSTON**

**(MA, VT, NH, RI, ME)**

*Peace Corps Recruiting Office*  
10 Causeway St., Room 450  
Boston, Massachusetts 02222  
(617) 565-5555  
(800) 648-8052

## **MIAMI (FL)**

*Peace Corps Recruiting Office*  
330 Biscayne Blvd., Room 420  
Miami, Florida 33132  
(305) 536-5273  
(800) 468-2745

## **NEW YORK**

**(NY, Northern NJ, CT)**

*Peace Corps Recruiting Office*  
90 Church St., Room 1317  
New York, New York 10007  
(212) 264-6981  
(800) 972-0970

## **PHILADELPHIA**

**(PA, DE, Southern NJ)**

*Peace Corps Recruiting Office*  
U.S. Customs House, Room 383  
Philadelphia, Pennsylvania  
19106  
(215) 597-0744  
(800) 437-5403

## **PUERTO RICO (PR, VI)**

*Peace Corps Recruiting Office*  
Mercantil Plaza, Room 710  
Stop 27½ Ponce de Leon Ave.  
Hato Rey, Puerto Rico 00918  
(809) 766-6276

## **WASHINGTON, D.C.**

**(DC, MD, NC, WV, VA)**

*Peace Corps Recruiting Office*  
1555 Wilson Blvd., Suite 701  
Arlington, Virginia 22209  
(703) 235-9191  
(800) 551-2214

## **ATLANTA**

**(FL, GA, TN, MS, AL, SC, KY)**

*Peace Corps Recruiting Office*  
101 Marietta St., NW, Room 2324  
Atlanta, Georgia 30323  
(404) 331-2932  
(800) 241-3862

## **CHICAGO (IL, IN)**

*Peace Corps Recruiting Office*  
55 W. Monroe, Suite 450  
Chicago, Illinois 60603  
(312) 353-4990  
(800) 621-3670

## **DETROIT (MI, OH)**

*Peace Corps Recruiting Office*  
P.V. McNamara Federal Building  
477 Michigan Ave., Room M-74  
Detroit, Michigan 48226  
(313) 226-7928  
(800) 521-8686

## **KANSAS CITY (KS, MO, IA, NE)**

*Peace Corps Recruiting Office*  
5799 Broadmoor, Suite 512  
Mission, Kansas 66202  
(913) 236-2700  
(800) 255-4121

## **MINNEAPOLIS (MN, WI)**

*Peace Corps Recruiting Office*  
330 2nd Ave. South, Suite 420  
Minneapolis, Minnesota 55401  
(612) 348-1480  
(800) 328-8282

## **DALLAS**

**(TX, OK, LA, NM, AR)**

*Peace Corps Recruiting Office*  
P.O. Box 638  
400 N. Ervay St., Room 230  
Dallas, Texas 75221  
(214) 767-5435  
(800) 527-9216

## **DENVER**

**(CO, MT, SD, ND, UT, WY)**

*Peace Corps Recruiting Office*  
140 E. 19th Ave., Suite 550  
Denver, CO 80203  
(303) 866-1057  
(800) 525-4621

## **LOS ANGELES**

**(Southern CA, AZ)**

*Peace Corps Recruiting Office*  
11000 Wilshire Blvd., Suite 8104  
West Los Angeles, CA 90024  
(310) 575-7444  
(800) 832-0681

## **SAN FRANCISCO**

**(Northern CA, NV, HI)**

*Peace Corps Recruiting Office*  
211 Main St., Room 533  
San Francisco, California 94105  
(415) 744-2677  
(800) 292-2461

## **SEATTLE (WA, OR, ID, AK)**

*Peace Corps Recruiting Office*  
2001 Sixth Ave., Suite 1776  
Seattle, Washington 98121  
(206) 553-5490  
(800) 426-1022