



# Guatemala English Teaching Experience Application

Thank you for your interest in the Rose Education Foundation's Guatemala English Teaching Program. To apply for a position in the program, please fill out the following application and send it with all other requested materials to:

English Program Director  
 Rose Education Foundation  
 3705 N University Avet  
 Provo, UT 84604

## Application Checklist

You must submit the following materials to be considered for a position in the program. Use the following checklist to make sure that you have submitted all necessary materials.

Phase I: Initial Application	Phase II: Interview	Phase III: Program Acceptance
<input type="checkbox"/> Completed program application <input type="checkbox"/> One-page on why you want to participate in the program (your goals, expectations, etc.) <input type="checkbox"/> A current resume with references	<input type="checkbox"/> Signed program agreement	<input type="checkbox"/> Copy of your passport's information page <input type="checkbox"/> (Optional) A letter from your ecclesiastical leader (priest, pastor, bishop, etc.) stating that you are a member in good standing of that denomination

If you have any questions, please send an e-mail to [info@roseeducation.org](mailto:info@roseeducation.org) or call the Rose Education Foundation at (801) 319-4021.

## Personal Information

First name:		MI:	
Last name:		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Birth date: (DD/MMM/YYYY)		Shirt size:	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL

## Contact Information

Current Address				
Address 1:				
Address 2:				
City:		ZIP/Postal Code:		Country:
Home phone:		Work phone:		
Cell phone:		Other phone:		
Email 1:		Email 2:		
Permanent Address (if different):				
Address 1:				
Address 2:				
City:		ZIP/Postal Code:		Country:
Phone:				

## Educational Experience

Are you currently a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes...	Major	Minor	Year in school	School
	Do you intend to use this program for internship, student teaching, or other type of credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give program and contact names:	
If no...	What is your highest level of education?	<input type="checkbox"/> High school <input type="checkbox"/> BS/BA <input type="checkbox"/> PhD <input type="checkbox"/> Associates <input type="checkbox"/> MS/MA <input type="checkbox"/> Post-doctoral		
	What is your current profession?			

## Teaching Experience

Please describe your teaching experience (subjects, age groups, environment, etc.).	
What age groups do you prefer to teach?	<input type="checkbox"/> Preschool (3-6 years) <input type="checkbox"/> 1 <sup>st</sup> --3 <sup>rd</sup> grade (7-9 yrs) <input type="checkbox"/> 4 <sup>th</sup> --6 <sup>th</sup> grade (10-12 yrs) <input type="checkbox"/> 7 <sup>th</sup> --9 <sup>th</sup> grade (13-15 yrs) <input type="checkbox"/> 10 <sup>th</sup> --11 <sup>th</sup> grade (16-17 yrs) <input type="checkbox"/> Doesn't matter
Please list talents, hobbies, abilities, experiences, etc. that could help you in your work as a teacher.	

## International Experience

Have you traveled internationally?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes...	Where?	How long?	Why?
Do you have a passport?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, passport #:		Place issued:	

## Medical History

The following vaccinations are strongly recommended for all program participants. Please mark the ones that you have received and indicate when you received them. Visit <a href="http://www.cdc.gov/travel/camerica.htm">http://www.cdc.gov/travel/camerica.htm</a> for the latest information on recommended vaccinations for Guatemala.	
<input type="checkbox"/> Hepatitis A    Date received: _____ <input type="checkbox"/> Hepatitis B    Date received: _____ <input type="checkbox"/> Typhoid        Date received: _____	<input type="checkbox"/> Tetanus        Date received: _____ <input type="checkbox"/> MMR            Date received: _____ <input type="checkbox"/> Rabies         Date received: _____
Please explain any medical conditions that could affect your ability to live in Guatemala and/or participate in the English Teaching Experience program. Include any medications that you take regularly.	

## Emergency Contact Information

Emergency Contact 1				
Full name:			Relationship:	
Address:				
City:		ZIP/Postal Code:		Country:
Home phone:			Work phone:	
Cell phone:			Other phone:	
Email 1:			Email 2:	
Emergency Contact 2				
Full name:			Relationship:	
Address:				
City:		ZIP/Postal Code:		Country:
Home phone:			Work phone:	
Cell phone:			Other phone:	
Email 1:			Email 2:	

## Letter of Recommendation Form

Name of applicant:			
Name of person giving reference:			
Day time phone:		Evening phone:	
Email:			

Thank you for taking the time to write a letter of recommendation for this applicant. They have applied for a position as an English teacher for children ages 3-18 in the Rose Education Foundation's Guatemala English Teaching Experience program. You may use this form or write a separate letter that addresses the applicant's character, tenacity, and ability to perform their duties as a teacher. This recommendation will be kept strictly confidential, so please be as honest and thorough as possible.

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How long have you known the applicant and in what capacities?

What do you consider to be this applicant's greatest strengths?

Do you consider this applicant to be emotionally and psychologically stable? Why?

What do you consider to be this applicant's greatest weaknesses?

What else do you think it would be important for the Foundation to be aware of as we consider this applicant?

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