



WASHINGTON DC CHAPTER
PRELIMINARY APPLICATION

Volunteer's Name: _____
First M.I. Last Prefer to be called

Address: _____
Street Apt.
City State Zipcode

Phone Number(s): (landline) _____ (cell) _____

E-mail Address: _____

Sex: _____ Date of Birth: _____ Years of Spanish Study: _____

School Name: _____ Graduation Year: _____

Passport #: _____ Expiration Date: _____
United States Foreign (country?) _____

How did you hear about Amigos? _____

Mother

Father

Name: _____

Address: _____

Home Phone: _____

Email: _____

Name of Employer: _____

Title: _____

Work/Cell Phone: _____

Return to Susan Davis, 1202 Hemlock St., NW, Washington DC 20012-1736 with \$25 non-refundable application fee. Make check out to Amigos. Applications received by October 18 will receive priority consideration. Questions? Email volunteer@amigosdc.org, go to Chapter website at www.amigosdc.org or leave message at 202-331-4999.