

OREGON INTERNATIONAL COUNCIL 2008 SPANISH SEMINAR IN MEXICO

Application - PART A: GENERAL INFORMATION

a) 4-weeks - 7/3/08 - 8/1/08 ___ b) 2-weeks - 7/3/08- 7/20/08

Applicant Name _____ Passport No. _____

Street Address _____ SSN _____

City, State, Zip: _____ Home phone _____

Employment/school _____ Work phone _____

Empl/schl. address: _____

City, State, Zip _____

Email: Home _____ Work _____

Other family members planning to accompany (separate application and agreement required for each)

Person to Notify in Emergency: _____ Phone _____

Address _____

Check here to receive credit registration materials when available.

Applicant's Health (attach extra pages if necessary)

1. Describe the current state of your health and list any physical limitations on your activities.

2. List any serious illness or injury you have had during the past five years. None

3. List any medication you now take or that you expect to be taking this summer. None

COSTS (for general participants)

Basic Fee - 4 weeks - \$ 2,600 \$ _____

Basic Fee - 2 weeks - \$1,900 \$ _____

Accompanying persons (per Cost Schedule, p.2 - separate application attached) \$ _____

Credit fee: 10 credits - \$575 5 credits - \$325 \$ _____

Total payment required \$ _____

Payment enclosed - **minimum deposit - \$300** \$ _____

Half of remainder - due May 1 \$ _____

Final payment - due June 1 \$ _____

Contact OIC office for payment options.

Release (Part B) MUST also be completed and signed. Mail to OIC, PO Box 111, Salem OR 97308,

Inquiries - Phone 503 584-7100, Fax 503 584-7102, Email - oic@chemeketa.edu

OIC 2008 SPANISH SEMINAR IN MEXICO

Application - Part B: RELEASE AND AGREEMENT

(required from each traveler)

This Release and Agreement is between _____
(participant) and the Oregon International Council (OIC). OIC is conducting an educational excursion to Mexico during the period _____ through _____, 2008. Participant will take part in that excursion and desires to release OIC from any liability to Participant for injuries, sickness, claims and other demands that may arise out of this excursion. Participant desires to assume all risks for such injuries, sickness or other losses.

AGREEMENT

The Parties agree that:

1. In exchange for educational services rendered, Participant on behalf of himself or herself and on behalf of any minor children of Participant who accompany Participant on the excursion, releases OIC, its agents, officers and employees from any and all liability, loss, expense or damage that Participant or his or her children may suffer arising out of the educational excursion to Mexico. This release covers but is not limited to any claim arising from travel to and from Mexico, from the stay in Mexico, and from travel within Mexico. The release also releases OIC from any liability to Participant for injuries to Participant's accompanying children, if any.

2. Participant understands that there are inherent risks in travel and staying in foreign countries and voluntarily assumes such risks.

3. Participant has carefully read this release and agreement, has had an opportunity to ask questions about it, and fully understands its terms and consequences.

Dated this _____ day of _____, _____. Signed: _____

Additional documentation required for minors not accompanied by both parents; see Announcement, p. 3.

Other questions? Contact OIC, phone 503 584-7100; fax 503 584-7102; e-mail oic@chemeketa.edu

Mail completed application with deposit to OIC, PO Box 111, Salem OR 97308

OIC SPANISH SEMINAR IN MEXICO - 2008

Application - Part C: SPANISH LANGUAGE PROFICIENCY ASSESSMENT (important for planning purposes)

You will also be asked to complete a written placement test for ETC, submitting it in advance (if possible) to help the school make adequate provisions to meet your needs.

1. Please list all study of Spanish you have carried out to date:

Grades K-8 _____ years @ _____ hours per week; total hours _____

Grades 9-12 _____ years @ _____ hours per week; total hours _____

College/university _____ years @ _____ hours per week; total hours _____

Continuing ed. or other _____ years @ _____ hours per week; total hours _____

2. Please list all periods of study, or more than 2 weeks' residence, in a Spanish-speaking country; identify country, city or town, dates, institution & type of program (attach extra page if necessary)

3. Please evaluate your proficiency in understanding and speaking Spanish on the scale provided below. If you have had a formal evaluation indicate the name and type of test, as well as date, and rating received. Otherwise please make a self-evaluation by circling the appropriate descriptor below (with any notes you think may be helpful). If you think the formal interview rating received previously is no longer valid you may also use the self-description to indicate your current estimate. Again - feel free to add any comments you choose.

Name or type of test _____ Rating _____ Date _____

ACTFL Descriptors for Self-Evaluation

Novice level is characterized by the ability to communicate minimally with memorized material. Novice level speakers tend to speak using isolated words in lists or in "chunks".

Intermediate level is characterized by the speakers's ability to maintain simple face-to-face conversations in highly predictable settings. Intermediate level speakers can create with the language by combining and recombining learned elements, although basically as a reaction to what has been said. They tend to speak in sentences, and can initiate, minimally sustain, and close basic communicative tasks in a simple manner, and can ask and answer simple questions.

Advanced level is characterized by the speaker's ability to narrate and describe using connected discourse of paragraph length in major time frames - past, present and future. Advanced level speakers can converse in a clearly participatory fashion; initiate, sustain and bring to a close a wide variety of communicative tasks, including those that require an increased ability to convey meaning with diverse language strategies due to a complication or an unforeseen turn of events. Speakers at this level are able to satisfy the requirements of many general school and/or work situations.

Superior level is characterized by the speaker's ability to participate effectively in most formal and informal conversation on practical, social, professional and abstract topics; and to support opinion and hypothesize using native-like vocabulary and discourse strategies.

Signature and date _____

OIC SPANISH SEMINAR IN MEXICO

Application - Part D: HOMESTAY REQUEST FORM

a. 4 weeks - July 3 - Aug 1, 2008 ____ b. 2 -weeks - July 3 - July 20, 2008 ____

The following information is requested for use by the English/Español Training Center (ETC), our host institution in Mexico, in planning appropriate homestay assignments. Efforts will be made to provide the best possible match in terms of your needs and preferences but complete satisfaction cannot be guaranteed. Please indicate which concerns if any you regard as indispensable, and others that are more easily negotiable.

Name _____ Age _____ Sex _____

Matters of Concern	Not a problem	Some Problem	Extreme Problem	Comments
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vegetarian Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Used to noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enjoy walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enjoy late nights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prefer early-to-bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Enjoy company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prefer privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other concerns _____

(Optional) Preferred Roommate _____

Other family members accompanying (please list name, age & sex)

Spouse _____

(Special concerns noted above under Comments)

Child #1	Age		Sex	Child #2	Age		Sex
Name	yes	no		Name	yes	no	
Enrolled in ETC Day Care	<input type="checkbox"/>	<input type="checkbox"/>		Enrolled in ETC Day Care	<input type="checkbox"/>	<input type="checkbox"/>	
Day care needed	<input type="checkbox"/>	<input type="checkbox"/>		Day care needed	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>		Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Other medical problems	<input type="checkbox"/>	<input type="checkbox"/>		Other medical problems	<input type="checkbox"/>	<input type="checkbox"/>	
Afraid of dogs	<input type="checkbox"/>	<input type="checkbox"/>		Afraid of dogs	<input type="checkbox"/>	<input type="checkbox"/>	
Shy	<input type="checkbox"/>	<input type="checkbox"/>		Shy	<input type="checkbox"/>	<input type="checkbox"/>	
Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>		Hyperactive	<input type="checkbox"/>	<input type="checkbox"/>	

Other needs _____

Return to OIC with completed application form