



Instituto de Cultura y Lengua Costarricense

Request form for volunteer opportunity

First name: _____ Last Name _____

Male: _____ Female _____

Nationality: _____ Date of Birth _____

Passport Number _____ E-mail address _____

School Name, College or University: _____

Insurance Policy number and Company: _____

Spanish Language Level (place a check mark):

Beginner _____ Intermediate _____ Advance _____ Superior _____

Specify your time availability:

Exact dates of the week available to work _____

Initial date: _____ Final date: _____ Exact desired schedule _____

Specify the purpose to request a volunteer work opportunity (place a check mark):

To practice the Spanish Language with locals _____

To complete Service Learning hours _____

To complete community service hours _____

Other reason _____

Explain in detail and include expectations (you can also use the blank space in the other side of this page):

In regards to prove of attendance:

If you require prove of attendance of the volunteer work completed, you need to personally inform the Director of the Institution at the beginning of the experience. ICLC Administration is not authorized to extend certifications or to provide number of hours attended at the Institutions where students worked as volunteers.

Date: _____

Student's Signature: _____



T +506 2458-8485
F +506 2458-8473

P.O. Box 609-4050
Alajuela | Costa Rica

www.iclc.ws