



Education without Borders Volunteer Teacher Application

PERSONAL DATA

<p>FIRST NAME: _____</p> <p>LAST NAME: _____</p> <p>ADDRESS: _____ _____</p> <p>CITY: _____</p> <p>PROV/STATE: _____</p> <p>POSTAL/ZIP CODE: _____</p> <p>TEL (HOME): _____</p> <p>TEL (CELL): _____</p> <p>EMAIL: _____</p>	<p>SEX: (circle one) MALE FEMALE</p> <p>CITIZENSHIP(S): _____</p> <p>PROFESSIONAL LICENCING BOARD: (e.g. BC College of Teachers) _____</p> <p>CERTIFICATE NUMBER: _____</p> <p>VALID TO: _____</p> <p>ARE YOU AVAILABLE FROM JANUARY 2009 UNTIL DECEMBER 2009? ** (circle one)</p> <p style="text-align: center;">YES NO</p> <p style="text-align: center;">(**Only applicants available for the entire period will be considered.)</p>
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EDUCATION & TRAINING

NAME OF INSTITUTE	FIELD OF STUDY/TRAINING	DEGREE/CERTIFICATE OBTAINED	DATES OF ATTENDANCE

TRAVEL EXPERIENCE

COUNTRY	TYPE OF TRAVEL (work, tourist, volunteer, etc.)	FROM (month/year)	TO (month/year)

WORK EXPERIENCE

Please start with your current or most recent employment and work backward; please do not write see resume/ CV.

EMPLOYER/LOCATION	POSITION	FROM (month/year)	TO (month/year)

PLEASE INCLUDE A RESUME THAT INCLUDES DETAILED JOB DESCRIPTIONS FOR EACH POSITION

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT

X _____
SIGNATURE

DATE: _____

WHEN YOU HAVE COMPLETED THIS FORM, PLEASE RETURN IT WITH YOUR RESUME TO:

**Cecil Hershler
Education without Borders
104-2786 West 16th Ave.
Vancouver, BC
V6K 3C4**

OR FAX THIS FORM WITH YOUR RESUME TO:

604-732-5913