

REGISTRATION FORM FOR MEXICAN CANDIDATE

Canada-Mexico Cultural Exchange Centre
We are expanding. Call for a location near you.
Tel: (416) 428-9000
email: mdeantunano@canadamexico.com
Website: www.canadamexico.com

DATE: _____

NAME: _____

COMPLETE MAILING ADDRESS:

TELEPHONE: OFFICE _____ HOME _____
Best time to call: _____

FAX: _____

E-MAIL: _____

DATE OF BIRTH: _____

LEVEL OF ENGLISH PROFICIENCY: _____

SPECIFY PREVIOUS STUDIES AND LEVEL YOU ATTAINED:

REASON(S) FOR WANTING TO PARTICIPATE IN THE PROGRAM:

PREVIOUS EXPERIENCE WITH CHILDREN:

DO YOU LIKE PETS? ____ YES ____ NO

Is there any particular pet you cannot or do not want to live with?

Do you smoke? ____ YES ____ NO

If yes, would you be willing to stop during your stay in Canada? ____ YES ____ NO

Do you have any allergies? Specify: _____

Are there any medical (physical , emotional) conditions we should be aware of?
Specify:

Have you ever lived outside your home? Specify:

Do you consider yourself capable of adapting to a new culture? Why do you think so?

Do you like children? _____YES _____NO

What age do you prefer? _____ years

Are you willing to be placed with children of any age? _____YES _____NO

How would you describe yourself?

VERY IMPORTANT: Please attach your picture and resume to this form.