

Adelante International Internship Program in CHILE

(NOTE: Please attach current Resume – in Spanish & English, a recent Photo & Passport copy)

The undersigned is applying for ADELANTE's International Internship Program in Chile and agrees to abide by the standard terms and conditions as printed on page 2 & 3.

Date

Name

Address

Email

Phone

Cell Phone

Social Security number

Birthdate

Nationality

Passport Number

College or University / Year Graduated

Spanish courses taken / # semesters or quarters

How did you hear about Adelante's International Internship Programs?

Names, addresses and phone numbers of your Parents and one other contact in case of emergency:

Have you traveled or studied abroad previously? Where and for how long:

Previous work experience:

Spanish proficiency level:

- Beginner Intermediate
 Advanced None

Do you speak any other languages / what level?

Do you smoke?

Special diet requirements/allergies?

Housing: Adelante or Family (pls circle)

Field you prefer your internship to be in? (e.g. International Relations, Teaching English, Marketing, etc):

Desired Start date of Internship in Chile (Must be first Monday of the month):

Length of Internship in Chile

- 1 month (\$2,345) 2 months (\$2,895)

VALPARAISO / VINA DEL MAR

- 3 months (\$3,515) Longer (inquire about fee)

PERSONAL AND WORK REFERENCES

#1	Name	_____
	Phone	_____
	Email	_____
	Relationship to you:	_____
	Length of relationship:	_____
#2	Name	_____
	Phone	_____
	Email	_____
	Relationship to you:	_____
	Length of relationship:	_____

GENERAL TERMS AND CONDITIONS AND INDEMNITY

In consideration of ADELANTE, LLC, by accepting me into ADELANTE's International Internship Program in Chile, I hereby agree:

I acknowledge that international travel involves risk, including the possibility of illness, adverse weather conditions, travel delays, strikes and other work stoppages, hostile actions by governments or individuals, and other risks and inconveniences, whether or not similar. I accept the above described risks and other risks involved in travel in, to and among foreign countries. I acknowledge that ADELANTE is not responsible for the activities of persons not employed by ADELANTE. On behalf of myself and heirs and assigns, I fully and forever release ADELANTE and its officers, directors, managers, members and employees (collectively, "Representatives"), and agree not to seek compensation from any of them, for any losses that I may suffer during my internship or during travel to and from my internship.

I understand that I will be traveling to a foreign country, with different customs, standards, laws, and risks than my own country. I agree to take reasonable steps to become familiar with the host country's relevant civil laws, customs and risks. I understand that ADELANTE does not have a duty to inform me of these risks. I will abide by the appropriate laws, rules and regulations of Chile throughout the time I am serving my internship, and will endeavor to comply with all local customs.

I will carry out my duties as an Intern working in a Chilean company to the best of my abilities. I will comply with ADELANTE policies, including its rules, standards, and instructions for program candidates. I agree that ADELANTE will have the right to enforce its policies, rules and appropriate standards of conduct and that it may at any time terminate my participation in the Program for failure to maintain ADELANTE's standards. I understand that ADELANTE may change, modify or amend its policies, rules, standards, and instructions for any Program and I will be bound by and will abide by any such changes.

I will pay my way, to and from my home country and Chile.

If my participation in a Program is terminated for any reason, I consent to being withdrawn from the Program at my own expense and will not receive a refund of any amounts paid by me.

I will indemnify ADELANTE and its officers, directors, managers, members and employees (collectively, "Representatives") against all loss or damage and any claims made against any of them as a result of any breach by me of the undertakings and agreements set forth above, or any negligent actions or inactions by me during the course of my participation in the internship program.

INITIAL HERE: _____

REFUND POLICY

In order to maximize the value of our programs to our participants, Adelante makes financial commitments on your behalf prior to the program start date. Accordingly, we have instituted this limited refund policy for which we can make no exceptions. All cancellations must be signed and sent in writing via fax or mail. Phone calls and emails are not acceptable. No refunds will be made other than those specified below:

* The \$150US application fee is non-refundable

* If a candidate withdraws after the payment due date, but prior to the actual start date of the program, the Adelante policy is as follows:

If the candidate withdraws 30 – 45 days prior to the program start date, Adelante will retain 50% of the program fees and refund the rest.

If the candidate withdraws 30 days or less prior to the program start date, no refund will be provided.

If a candidate withdraws after the program start date, no refund will be provided.

* If a candidate wishes to defer participation to a future program, the application fee will be applied to that program, good for 12 months after the initial application fee was submitted.

* Participants who have not yet paid program fees in full for reasons of financial aid deferment or other payment arrangements, will be responsible for the above stated costs depending on their date of cancellation.

* Once the program begins, no refunds are granted for meals, housing, tuition, excursions or activities unused by students due to absence or any other reason

I represent that all of the above information is true and is given to induce my placement as an intern in the International Internship Program in Chile. I authorize ADELANTE, LLC, to make such investigations as necessary, including contacting the above references. I have read and agree to the terms and conditions stated above, the Literature, and all of ADELANTE's policies, including those related to health and safety, participation conduct, and refunds.

Authorized signature: _____

Printed name: _____

Date: _____ (For Office Use Only): _____

If Paying the Application Fee (\$150 non-refundable) by credit card: VISA____ MC____ Exp Date_____

Name on Credit Card: _____ **Credit Card Number:** _____

(Applicant authorizes ADELANTE, LLC to charge program fee on this credit card if payment not received by deadline)

ADELANTE, LLC
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