



ENGAGING COMMUNITIES OF LIBERATION: CUERNAVACA, MEXICO IMMERSION with PSR/CLGS

August 14, 2016 - August 28, 2016

COMMUNITY APPLICATION FORM

RETURN THIS APPLICATION TO:

Center for LGBTQ and Gender Studies 1798 Scenic Avenue, Berkeley, CA 94709

Or scan and send signed copy to: itanis@clgs.org

Please do not submit payment until you receive an Acceptance Notification and instructions If you are a PSR/GTU student wishing to get academic credit for this immersion, please check here: CONTACT INFORMATION **Preferred Name: Gender Identity:** Address: **Best contact** number(s): **Email Address:** Connection to **PSR/CLGS:** IDENTIFICATION INFORMATION Please provide information exactly as it appears on your Passport or State ID. This information is used to coordinate logistics, such as visas; it is not used to determine eligibility. **Legal Name:** Sex: Date of Birth: Birthplace: Citizenship: **Exp Date of Passport:** Your passport must be valid at least until Feb 28, 2017. If it is not, get it renewed right away. If you are an international student or visitor, what is the status of your re-entry visa?

Page 1 of 6 (REV 05/16)

IMMERSION PARTICIPATION

While there are no grades associated with this immersion (unless arranged with Justin Tanis,) you will be participating in a Learning Cohort, not a vacation tour. Please respond to all of the following questions. (1) Why do you want to participate in this specific immersion intensive?				
(2) Time and itinerary on the immersion trip will be full and, at times, intense. How do you respond when under stress and confronted by collective issues and deadlines?				
(3) How do you respond when living in community on a learning journey with a group?				

INSURANCE

Health insurance is required.
Do you have health care insurance that will be valid for the duration of the trip? YES NO
Do you plan to purchase travel insurance with your airline ticket? YES NO
PHYSICAL ABILITY / MEDICAL INFORMATION
The city of Cuernavaca is not accessible for some physical disabilities. Participants must be able to: (1) Walk at least one city block, (2) Climb at least one flight of stairs, and (3) Not require a wheelchair for mobility.
Accommodations can be made in most other instances. Still, it is important that special needs be identified as early as possible. Please answer the following medical questions:
Are you presently being treated for an injury or sickness or taking any form of medication for any reason?
If Yes, Please list medication(s) and purpose:
Are you allergic to any type of medication?
If Yes, Please List:
Please list all other types of (significant) non-medical allergies (for example, animals, pollen, etc.):
Do you require a special diet?
If Yes, Please describe:

Do you have (or have ever had) any of the following: (please check and explain below)						
☐ Seizure disorders	☐ Hay Fever					
☐ Asthma	☐ Kidney disease					
☐ Heart murmur	☐ Diabetes					
Do your have any physical handicap or illness which participating in normal rigorous activities?						
If Yes, Please explain:						
If there are other factors you would like to have of here:	considered, please provide additional information					

LANGUAGE CLASS PREPARATION

Participants will receive a detailed questionnaire before the trip to assess and match your skills in Spanish with teaching materials. The following information would also assist the instructors and Cetlalic staff in preparing relevant materials.

Tell us about your studies/the work you do:							
	e you studied Spanish before? Vhere?						
F	For how long?						
What other languages do you speak?							
Wha	t most interests you in the cul	tur	al program? (check all that ap	oply)			
	History		Economics	Indigenous cultures/Issues			
	Politics		Religion	Arts (please specify)			
	Education		Healthcare	Ecology			
	Women/Gender Issues		Other				

CONFIRMATION

By si	gning this application, I acknowledge that:	Please indicate with 'X'
1.	I understand that I am not enrolled in this immersion until (a) my application is accepted, (b) I confirm with payment in full.	
2.	I understand that my acceptance into this program may require an interview with one or both course faculty. (Dr. Justin Tanis, Rev. Karen Oliveto)	YES
3.	I understand that my participation in this immersion will require that I sign a Waiver form (will be provided with acceptance letter.)	YES
4.	I understand that if I am accepted and cancel my participation after 2 weeks before the course begins (after July 31 2016,) I will be charged a \$100 administration fee.	YES
Signa	ture	Date
Pleas	e nrint vour name	