



# APPLICATION for COORDINATOR

1536 Hewitt Ave., Box 268  
St. Paul, MN 55104  
Tel: 800-622-3553  
Fax: 651-686-9601  
www.nacelopendoor.org

## 1. Personal Information

Name \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ (If working as a couple, please indicate social security number and name of spouse for whom earnings should be reported.)

## 2. Education

<u>School</u>	<u>Name &amp; Location</u>	<u>Dates Attended</u>	<u>Major</u>	<u>Minor</u>	<u>Degree</u>
High School	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
College	_____	_____	_____	_____	_____
Study Abroad	_____	_____	_____	_____	_____

## 3. Previous Experience (Community involvement in clubs or organizations, hosting experience, travel abroad...)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 4. Work Experience

<u>Employer Name &amp; Address</u>	<u>Dates</u>	<u>Position Held</u>
Present: _____	_____	_____
_____	_____	_____
_____	_____	Tel. (_____) _____

Primary Duties: \_\_\_\_\_

**Work Experience** (cont.)

<u>Employer Name &amp; Address</u>	<u>Dates</u>	<u>Position Held</u>
Present: _____		
_____		
_____ Tel. (_____) _____		

Primary Duties: \_\_\_\_\_

(Please continue on a separate sheet to include all employers in the past ten years.)

5. **Languages spoken other than English** (not required)

	<b>Skill</b>		
	<u>Minimal</u>	<u>Good</u>	<u>Excellent</u>
_____	_____	_____	_____
_____	_____	_____	_____

6. **References:** Give names of those who know you very well. Please include names of supervisors or professionals who can comment directly on your rapport with people, your organizational skills and other abilities.

**Professional Reference**

a) Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Community Reference** (School/civic organization/public service, etc.)

b) Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Neighbor** (Must have known you for a minimum of two years)

c) Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ Tel. (\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

7. **Disclosure**

- Have you ever been convicted of a misdemeanor or felony?  yes  no
  - Have you had a complaint filed with an agency dealing with child mistreatment?  yes  no
  - Have you been or are you currently chemically dependent or involved with illegal drugs?  yes  no
  - Have you ever filed for bankruptcy?  yes  no
- If any of the answers to the above questions is yes, please explain on a separate sheet of paper.

8. Do you have access to a network of people interested in hosting foreign exchange students? If yes, please explain.

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9. **Statement** Please write a paragraph about how you would encourage students, families, and schools to participate in Nacel Open Door exchange programs. (feel free to attach a separate sheet if needed)

I, the undersigned, verify that the above information is true and correct to the best of my knowledge. I hereby authorize Nacel Open Door to conduct a background check for eligibility.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

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Notary Public