APPLICATION FOR SALVAIDE ELECTION OBSERVERS PROGRAM FEBRUARY AND MARCH 2015

CO	MPLETE NAME AS IN PASSPORT:		
COMPLETE HOME ADDRESS:			
TEL	EPHONE:		
E-N	/AIL:		
PAS	SSPORT NUMBER, EXPIRATION (dd/mm/yyyy), COUNTRY OF CITIZENSHIP ON PASSPORT:		
	TE OF BIRTH (dd/mm/yyyy):		
•	How did you hear about the Observers Delegation (please circle your choice)?		
	SalvAide mailing or e-mail SalvAide web page Facebook Other		
•	What is your profession or area of studies?		
•	Are you coming as an individual or with the backing of your community group, solidarity group, church, university etc.?		
	Individual Group Name of group:		
•	Have you participated in a SalvAide election observer mission previously? Yes No		
•	How would you describe your Spanish level?		
	ZERO BASIC INTERMEDIATE ADVANCED FLUENT		
•	Are you fluent in English? Yes No		

•	Other languages in which you are fluen	t:

Do you have any special food needs (mark all that apply)?

Eat everything
Vegan (no animal products)
Vegetarian (no meat)
Semi-vegetarian (eat chicken and fish)
Lactose intolerant
Wheat intolerant
Diabetic
Other

Payment Options:

\$725 USD in cash to be paid once in El Salvador

<u>Please email</u> or post the completed application along with confirmation of your travel arrangements to El Salvador so it arrives in our office <u>no later than 9 February 2015</u>:

SalvAide 219 Argyle Avenue, Suite 411 Ottawa, Ontario K2P 2H4

For all questions, please visit www.salvaide.ca, call us at 613-233-6215 or send us an email.

Thanks for your solidarity!