



CULTURAL HOMESTAY INTERNATIONAL

104 BUTTERFIELD RD. • SAN ANSELMO, CA 94960-1565

• TEL: 415-459-5397 • FAX: 415-459-5603 • E-MAIL: CHIMAIN@CHINET.ORG • WWW.CHINET.ORG •

IP/TP/HP

INTERSHIP / TRAINING / HOSPITALITY PROGRAM

PROFESSIONAL FOCUS, GOALS & OBJECTIVES

CHI ID Code

First name: _____ Middle name: _____ Last name: _____

In what specific area or professional focus do you want to gain experience? _____

What are your goals and expectations that you wish to accomplish by participating in the Internship/Training Program?

1. _____ 2. _____ 3. _____

What is your final objective once you complete the program?

Is your participation in the program a requirement as a part of your studies? Yes No If yes, what requirements do you have to accomplish? Please be specific: _____

Please explain how you will prepare yourself to participate in the Internship/Training program in the United States? _____

Will you seek additional language training in your field prior to beginning your Internship/Training in the U.S.? _____

How do you describe professionalism? _____

Provide an example of cooperation in the workplace: _____

Previous or Current Professional Experience:

Company name: _____ Service or product provided: _____

City: _____ Country: _____ How long? _____

What are/were your duties? _____

Are you computer literate? Yes No If yes, what software programs are you familiar with? _____

Do you have other technical skills? If so, please describe: _____

List three reasons why a potential Host Business should consider accepting you at their company:

1. _____

2. _____

3. _____

- PLEASE ATTACH A TYPED LETTER TO THE HOST BUSINESS, INDICATING YOUR INTENT. PLEASE GIVE EXAMPLES OF ACADEMIC ACCOMPLISHMENTS AS WELL AS CAREER OBJECTIVES.
- PLEASE ATTACH TWO (2) LETTERS OF RECOMMENDATION FROM EMPLOYERS AND/OR ACADEMIC INSTRUCTORS.
- PLEASE ATTACH A TYPED CURRICULUM VITAE/RESUME.
- BELOW, PLEASE ATTACH A TOTAL OF FOUR (4) PHOTOGRAPHS, TWO (2) OF YOURSELF THAT REPRESENT A PROFESSIONAL DEMEANOR AND TWO (2) PASSPORT PHOTOS.

Applicant's signature: _____ Date: _____

Agency: _____ Contact Person: _____ Email Address: _____

Agency Address: _____