FIRST NAME (REQUIRED)

LAST NAME (REQUIRED)

EMAIL (REQUIRED)

SCHOOL/ORGANIZATION (REQUIRED)

ADDRESS 1 (REQUIRED)

ADDRESS 2

CITY (REQUIRED)

STATE (REQUIRED)

AL ▼

ZIP CODE (REQUIRED)

Grade level/age range (required)
- ☐ PRESCHOOL
- ☐ ELEMENTARY SCHOOL
- ☐ MIDDLE SCHOOL/JUNIOR HIGH SCHOOL
- ☐ HIGH SCHOOL
- ☐ UNIVERSITY

APPROXIMATE NUMBER OF STUDENTS/PARTICIPANTS (REQUIRED)

Please estimate the number of people taking part in the activity

REQUESTED AREA OF THE WORLD FOR CONNECTION

No preference ▼

REQUESTED LANGUAGES SPOKEN

No preference ▼

Requested Volunteer sector/areas of work
- ⦿ NO PREFERENCE
- ○ AGRICULTURE
- ○ COMMUNITY ECONOMIC DEVELOPMENT
- ○ EDUCATION
- ○ ENVIRONMENT
- ○ HEALTH
- ○ YOUTH IN DEVELOPMENT

ACTIVITY START DATE

MM/DD/YYYY

ACTIVITY END DATE

MM/DD/YYYY

Type of Activity (only one type, please submit additional forms for other activities).
- ○ WEBCHAT
- ○ WRITING EXCHANGE: CAN INCLUDE WRITTEN LETTERS (PEN PAL EXCHANGES) OR ELECTRONIC EXCHANGES
- ○ SUCH AS BLOGS OR NEWSLETTERS)
- ○ CONTENT REQUEST (SPECIFIC ASK FOR MEDIA - PHOTO/VIDEO/ETC)
- ○ DIGITAL MAPPING
- ○ LONG TERM ONE-TO-ONE EXCHANGE

DESCRIPTION OF PROJECT OR INTERACTION REQUESTED

PEACE CORPS VOLUNTEER'S FIRST NAME (IF KNOWN)

Only required if you have already connected with a Volunteer

PEACE CORPS VOLUNTEER'S LAST NAME (IF KNOWN)

Only required if you have already connected with a Volunteer

VOLUNTEER EMAIL ADDRESS

HOW DID YOU LEARN ABOUT THIS PROGRAM?

Friend or colleague ▼

SUBMIT

OMB Control Number 0420-0540
Expiration Date: 06/30/2017