

CONNECT WITH THE PEACE CORPS EXPERIENCE

Enhance your students' learning in almost any subject area by connecting with returned Peace Corps Volunteers (RPCV) and/or Peace Corps Volunteers (PCV) to facilitate an intercultural exchange. Their stories, projects, and experiences can provide U.S. learners with in-depth, firsthand perspectives of global cultures and views not usually accessible through textbooks, films, or other media.

FIRST NAME *	LAST NAME *	EMAIL ADDRESS *
SCHOOL/ORGANIZATION *		
SCHOOL/ORGANIZATION ADDR	ESSLINE 1 *	
SCHOOL/ORGANIZATION ADDR	E S S EINE 1	
SCHOOL/ORGANIZATION ADDR	ESS LINE 2	
SCHOOL/ORGANIZATION ADDR	ESS LINE 2	
CITY *	STATE/PROVINCE *	ZIP/POSTAL CODE *
		<u> </u>
WORK PHONE *	MOBILE PHONE	
WORK PHONE *	MOBILE PHONE	
GRADE LEVEL/AGE RANGE *		
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*IF NO ONE IS AVAILABLE IN YOUR AREA, WE WILL SEND YOU	VIRTUAL OPTIONS)
NOTES ABOUT ENGAGEMENT, INCLUDING 'OTHER" SELE	CTION TYPES
DOES YOUR ENGAGEMENT HAVE A SPECIFIC TIME/D	ATE? * DATE AND TIME
APPROXIMATE NUMBER OF LEARNERS/PARTICIPAN	rs *
DETAILS ABOUT CONNECTION *	^
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PLEASE PROVIDE DETAILS ABOUT YOUR REQUEST FOR US T	O SHARE WITH VOLUNTEERS.)
REQUESTED PEACE CORP'S COUNTRY OF SERVICE:	1ST CHOICE
No Preference	\checkmark
REQUESTED PEACE CORPS COUNTRY OF SERVICE:	2ND CHOICE
	~

REQUESTED LANGUAGES SPOKEN: 1ST CHOICE	
No Preference	V
REQUESTED LANGUAGES SPOKEN: 2ND CHOICE	
No Preference	V
☐ ARE YOU A RETURNED PEACE CORPS VOLUNTEER?	
HOW DID YOU LEARN ABOUT THIS PROGRAM? *	
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By submitting this form, I agree to have this information shared with returned Peace Corps Volunteers, Peace Corps Volunteers, and Peace Corps staff for the purpose of establishing the requested connection.

OMB Control Number: 0420-**** Expiration Date: **/**/**** Approval Pending

Privacy Act

Privacy Act Notice: This information is being collected pursuant to 22 U.S.C. 2504(k). Your information will be used to In order to facilitate connection with current/returned Peace Corps Volunteers. Disclosure of this information is voluntary. Failure to provide sufficient information may preclude your participation in this program. This information may be used for the routine uses described in the Privacy Act, 5 U.S.C. 552a, and the Peace Corps' published Routine Uses, summarized in Peace Corps' System of Records.

Paperwork Reduction Act Statement

Public reporting burden for this information collection is estimated to average 20 minutes. This includes the time for reviewing instructions and completing the information. This is voluntary information collection. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: the FOIA Officer, Peace Corps, 1111 20th Street, NW, Second Floor, Washington, DC 20526.

