



**PARENT INTERVIEW**  
**Confidential Medical and Legal Questions**

(This page will only be reviewed by our Medical Director and Chapter President for any issues which may affect the volunteer's training or time in country)

Applicant Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please review the Physical and Mental Health Criteria for Participation in AMIGOS Programs.

Are you aware of any medical issues that may have an impact on your applicant's stay in an isolated community for 6 to 8 weeks? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you aware of any mental health issues that may have an impact on your applicant's stay in an isolated community for 6 to 8 weeks? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your applicant ever been charged with a felony or misdemeanor, or been required to appear before juvenile court? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is YES to any of the above questions, the President of the Seattle Chapter will meet with you or call you to provide more information.