

TAKING OFF QUESTIONNAIRE

The questionnaire is designed to help you focus on some areas you will need to consider as you explore the idea of taking time away from your comfort zone. Most people never get to think about what they would do if they had the time so go for it. This questionnaire is a way to begin the process. Think about what you enjoy; how you like to spend your time, what you want to explore (experience not a pre-requisite for most options), what you will probably never get to do again or what you might want to do in the future. Add anything else you feel is pertinent. **Please print clearly.**

Name _____ Age/ DOB _____

Home Address _____

Current Address _____

Home Phone _____ Current Phone _____

E-mail _____

Parent's Names _____ Married/Divorced/Other (Please Explain) _____

Parent's address/ phone if different from above _____

Mother's Occupation _____ Email _____

Father's Occupation _____ Email _____

What have you budgeted for the length of time you hope to be away? We need this information to make sure we can help you develop a realistic plan.

Are you looking for help in figuring out what you want to do or do you feel that you have a clear sense of how you want to spend your time? Need help Clear sense

How many experiences do you hope to have?

When do you want to leave and for how long?

What language(s) have you studied and for how long?

Are you interested in learning a language(s)? Please list.

Please list high school and college, what year you are in or when you graduated.

High School _____ Fr/So/Jr/Sr Expected Graduation _____

College _____ Fr/So/Jr/Sr Expected Graduation _____

If you are not in school or beyond this stage of your life what are you doing now and why are you exploring time away?

For location/lifestyle/interests either cross off what you don't want and/or circle what you do want. Please add locations/lifestyles/interests that interest you but are not listed below.

Location

- | | | | | |
|------------|----------------|-----------------|---------------|------------|
| Alaska | Africa | Amazon | Andes | Argentina |
| Asia | Australia | Brazil | Bolivia | Cambodia |
| Canada | Caribbean | Central America | Chile | China |
| Costa Rica | Eastern Europe | Ecuador | England | Europe |
| France | Ghana | Guatemala | Greece | Hawaii |
| India | Ireland | Israel | Italy | Japan |
| Laos | Mediterranean | Morocco | Mexico | Mozambique |
| Nepal | Nicaragua | New Zealand | Pacific | Peru |
| Scotland | Senegal | South Africa | South America | Spain |
| Tanzania | Tibet | USA | Vietnam | Zambia |

Lifestyle

Academic	Non Academic	College Credit	Indoors
Outdoors	Rural	Urban	Office
Stay in one place	Travel	Hot Shower	Roughing it
Home stay	Student Apartment	Wilderness	Cultural Immersion
Physical Labor	Part of a Group	With Americans	People your own age

Interests

Wildlife	Children	Painting	Hiking	Certifications /Courses (listed below)
Whales	Orphans	Drawing	Trekking	Scuba
Dolphins	Special needs	Sculpture	Rainforest	Biological Survey Techniques
Penguins	Women	Ceramics	Sustainable Development	Equestrian training
Sharks	Refugees	Film	Gardening	Mountaineering Guide
Seals	Native American	Photography	Farming	Game Ranger
Big Game	Elderly	Music	Environment	GIS Geographic Information System
Leopards	Health Care	Fashion	Sailing	Field Research
Pandas	HIV/AIDS	Art History	Ocean	Sail/Yacht Instructor
Elephants	Social Justice	Media	Marine Biology	Safari Field Guide
Horses	Language	Journalism	Sports	Skiing/Back Country Skiing
Monkeys	Archaeology	Writing	Reef protection	Guitar Making
Bears	History	Technology	Surfing	Boat Building
Turtles	Museums	Graphic Design	Martial Arts	Architecture
Cheetah	Politics	Yoga	Spiritual	Wildlife Film
Vet Medicine	Construction	Dance	Conservation	EMT

Please rank the following in terms of their importance in planning your year.
(1 = most important; 10= least important)

Where you go _____ What you do _____ Whether you are with a group of your peers _____

Please explain prior travel. If you have done other programs, please list.

What are your strengths?

What gets in your way?

Please list any physical, medical or psychological conditions for which you have been treated and medications you currently take and why (e.g. ADHD, diabetes, alcohol/drug addiction, depressive disorders, asthma, etc.). The information will be kept confidential and has nothing to do with your ability to participate in 99% of the above areas of interest. Many organizations require medical forms but that is information that you and your doctor share with the organization and does not come through us.

If you have a resume, please email or include with your questionnaire. If not, please list and indicate any volunteer, school, internship or paid positions you have held?

How do you hope to spend your time off? Please use as much space as you need. If you don't have a vision yet, we are here to help.

Send, email or fax your questionnaire to the information below
takingoff@takingoff.net Fax 1 617 344 0481
Gail Reardon Taking Off 12 Marlborough St. Boston, MA 02116 USA

Thank you for taking the time to fill out the questionnaire.
Once we receive your questionnaire we will be in touch so **please print clearly.**

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