

Questionnaire for Taking Off

The questionnaire is designed to help you focus on some areas you will want to consider as you explore the idea of taking time away. 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, what you will probably never get to do again or what you might want to do in the future (experience is not a prerequisite for most options). 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)

Siblings - name/age _____

Parent's address/ phone if different from above

Mother's Occupation _____ Email _____

Father's Occupation _____ Email _____

How did you hear of Taking Off?

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.

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.

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

High School _____

College _____

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

For location, lifestyle and interests either cross off what you don't want **OR** circle what you do want.

Please add any 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	French Speaking	Guatemala	Greece	Hawaii
India	Ireland	Israel	Italy	Madagascar
Mediterranean	Mexico	Nepal	Nicaragua	New Zealand
Ocean	Pacific	Peru	Scotland	South Africa
South America	Spain	Spanish Speaking	Thailand	Vietnam
	USA		Worldwide	

Lifestyle

Academic	Ocean	College Credit	Travel/adventure
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

Animals	Archaeology	Architecture	Art History	Big Game
Boat Bldg	Buddhism	Ceramics	Children	Construction
Cooking	Dance	Dolphins	Drawing	Environment
Farming	Fashion	Film	Guitar Making	Health Care
Hiking	HIV/AIDS	Horses	Journalism	Languages
Marine Bio	Martial Arts	Media	Museums	Music
Painting	Photography	Rainforest	Sailing	Skiing/Snowboarding
Scuba	Social Justice	Special Needs	Spiritual	Sports
Surfing	Teaching	Theater	Tourism	Whales
Wilderness	Wildlife	Writing	Women's Issues	Yoga

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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?

List any physical, medical or psychological conditions for which you have been treated and medications you currently take and why.

If you have a resume, please email or include with your questionnaire. If not, list 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.

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.**

Email, fax or send your questionnaire to:

Taking Off
19 Whitcomb Road
Scituate, MA 02066

1.617.424.1606(phone)
1.617.344.0481(fax)
takingoff@takingoff.net

Gail Reardon
Maureen Lavin-Arcand