



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

_____ STATE

2015 OUTBOUND DELEGATE APPLICATION

Full Name: _____
(First name) (Last name)

Indicate country(ies)/program(s) for which you are applying. Some programs may have minimum and/or maximum group size nationwide. Final acceptance will be announced in January, 2015.

_____ Costa Rica ___ Finland _____Japan 4-week _____Japan 8-week

For Japan 4-week and 8-week applicants only – Choose a homestay organization (Labo, LEX, or Utrek): _____

For application deadline, payment schedule and program fee, contact your State Coordinator for details.

Application Checklist

1. **Outbound Delegate Application Form** (total 8 pages, including this cover page and photo page)
2. **Essay** – Submit a typed one-page essay that answers the following questions:
 - a. What are your expectations for this exchange?
 - b. Why do you want to participate?
3. **Letter to host family** - Either handwrite or type a letter to your host family introducing yourself, your family, and your interests. This letter will be your future host family's first chance to get to know you.
4. **Short answer questions** – Submit short written answers (1-2 paragraphs each) for the following questions:
 - a. This exchange is a cultural immersion program. All host countries have cultural differences from your home, community, county and state. Do you have experience interacting with people from different backgrounds? How did you react when faced with cultural situations that differed from what you grew up with?
 - b. What kinds of situations take you out of your comfort zone? How do you cope when feeling uncomfortable? How do you communicate your discomfort?
 - c. What does diversity mean to you? How does it relate to this exchange experience?
 - d. What does global citizenship mean to you? How do you expect that your worldviews might shift or be challenged by this experience?
 - e. You have just arrived in your host country. You have no digital social networking options (cell phone, text message, Facebook, etc.) available, and have limited internet and email access. Now how would you spend your down time?
5. **Cultural project** - Submit a short written description of your cultural project to share with your host family. The project can be in any form and on any topic. For instance, previous delegates have prepared their favorite food dish or taught their favorite sport/game and then played it with their host family.

You should also be prepared to leave a "hard copy" of your project with your host family. For instance, write down the recipe for your favorite dish, or write down the lyrics for your favorite song. The main goal is for you to share a piece of American culture with your host family and new friends...and to have fun!
6. **\$1,000 Deposit**

*Attach at least one photo of yourself to this page, or
email a photo to your 4-H Coordinator.*



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_____ STATE

2015 OUTBOUND DELEGATE APPLICATION

Paste a small photo
of yourself

FULL LEGAL NAME: _____

Exactly as printed in passport (First) (Middle) (Last)

If applying for passport later, apply with the name exactly as written above

Name you prefer to be called: _____

Gender: _____ Age (as of departure date): _____ Birth Date (mm/dd/yy): _____

Grade (for 2014-15): _____ T-shirt Size (adult men's): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: _____

Applicant's Cell Phone: (to be carried and used during the domestic
travel in the U.S. only; note n/a if there's none) _____

Applicant's Email: _____

PARENT / GUARDIAN:

Parent #1 Name: _____ Relationship to applicant: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-Mail: _____ Occupation: _____

Parent #2 Name: _____ Relationship to applicant: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-Mail: _____ Occupation: _____

Name and Age of Sister(s): _____

Name and Age of Brother(s): _____

EMERGENCY CONTACT (other than the adult(s) listed above)

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

RELIGION (Optional): _____

AT-A-GLANCE HEALTH SURVEY: Since medical forms are not due until later, it is important to list any health conditions here, so the international partner and host family can be aware of them to make the homestay enjoyable for everyone. Be as specific as possible. **You may attach a separate piece of paper, if needed.**

ALLERGIES: List ALL non-food allergies: _____

DIET: 1. List all food allergies (shellfish, peanuts, etc.): _____

2. Are you a vegetarian? Yes No

If YES, list what you cannot/do not eat: _____

And what you can/do eat: _____

3. Any other special dietary needs or restrictions? _____

SMOKING:

- Non-smoking family only Acceptable if family member smokes outside A smoking family acceptable

ANIMALS:

- Placement in a home with any type or size of pets/animals is okay with me.
- Although I am mildly allergic to the following animals, it's okay for me to be placed with them: _____
I am strongly allergic to or afraid of the following animals. I cannot be placed with them: _____

OTHER HEALTH CONCERNS:

1. Do you have any physical/mental condition of which your host family should be made aware? Yes No
If yes, provide brief description: _____
2. Are you taking any medications? Yes No
If yes, list the names and purposes of the medications: _____
3. Are there any physical activities you are restricted from doing? Yes No
If yes, list all: _____

INTRODUCTION TO YOUR HOST FAMILY: *Check as many boxes as may apply to you.*

What activities do you enjoy?

- Studying Shopping Hiking Camping Nature/Outdoors Movies Swimming Cooking Handicrafts
- Museums Listening to music Gardening Bicycling Painting/Drawing Boating Reading Writing Dancing
- Singing TV Computers Video games Sports (types: _____) Musical instruments (types: _____)
- Animals (types: _____) Other activities: _____

Your personality characteristics:

- Tidy Curious Shy Emotional/Sensitive Cheerful Quiet Patient Talkative Laugh a lot Sociable
- Tolerant Serious/Diligent Other: _____

What do you usually do in your free time?

- Movies Museums Reading Studying Shopping Participate in Sports Spectator of Sports Events
- Other: _____

What type of TV programs do you enjoy watching?

- Educational Adventure Game shows Musicals News Comedies Drama Movies Sports None
- Other: _____

What kind of books do you enjoy reading?

- Science fiction Classics Non-fiction Mysteries Poetry Textbooks Humor Fiction Anime
- Other: _____

What type of music do you enjoy?

- Classical Disco Show-tunes Popular Folk Country & Western Jazz Rock Rap Hip-hop None
- Other: _____

What qualities do you value most in people?

- Loyalty Kindness Patience Honesty Intelligence Sense of humor Decisiveness Politeness
- Other: _____

Please list some of your other hobbies & interests:

Please list some things about the hosting country and its culture that you find interesting:

ADDITIONAL INFORMATION

- Family Insurance Carrier: _____ ID#: _____ Group #: _____
(Participants are responsible for expenses beyond the coverage of the exchange program's insurance policy.)
- 4-H: I am currently a 4-H member in my state: Yes No

TRAVEL EXPERIENCE

- Have you flown domestically before? Yes No Internationally? Yes No
- Do you have a current passport?

Yes – Submit a copy of photo page (with signature). The passport must be valid for three (3) months after the intended return travel date (and six months for Australia). Check the expiration date and renew, if needed.

No – Apply in advance. It may take as long as two months, and applicants who are under 16 years of age must apply in person accompanied by both parents/guardians. Submit a copy of photo page (with signature) when passport is received.

- Please list any international travel experience.

Country	Length of Stay	Dates/Year	Purpose (tourist, study, etc.)

FOREIGN LANGUAGE SKILLS Please indicate: Excellent - Good - Fair - Poor - None.

Language	Reading	Writing	Speaking	Comprehension	Years Studied

HOST FAMILY REQUEST

- Any host family assigned is acceptable.
- I request to be hosted by (we cannot guarantee that the preferred host family will be available):

Choice #1 Family Name: _____ Organization _____

Address: _____

Phone: _____ Email: _____

Choice #2 Family Name: _____ Organization: _____

Address _____

Phone: _____ Email: _____

- If the above host family(ies) is(are) not available, any host family assigned is acceptable (if yes, check here).

HOSTING EXPERIENCE

1. Have you hosted any international exchange students before? Yes No

- If yes, what year and through which organization(s) did you host? (Please list all.)

2. If you have hosted a Japanese student/chaperone through 4-H in the past and are applying for Japan Outbound program, fill in the list below. You may be eligible for Hosting Grant (for Japan Outbound applicants only). List from oldest to the latest.

Japanese participants' Name(s)	Year	Length of Stay (two weeks, a month, or a school year)	Organization (Labo/LEX/Utrek)

***State Coordinators ONLY:** Please verify the record and initial here _____

3. Are you interested in hosting next year? Yes No Not sure

AIRPORT SELECTION

Which local airport would you prefer to use? Please list **only** the airports you can actually use in the summer. In the event that your preferred airport is not feasible, please note that an alternative airport within 100 miles of the listed ones may be chosen at S4-H's discretion.

1) _____ 2) _____ (if applicable)

REFERENCES

- 4-H members are required to name at least one 4-H Staff Member and one school representative.
- Non 4-H members are required to name one school representative; the other reference may be any other adult (non-relative).

Name: _____ Position-Title/Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Name: _____ Position-Title/Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____



States' 4-H International Exchange Programs 2015 Comprehensive Release Form

TRAVEL RELEASE/AUTHORIZATION

I/we, the parent(s) and/or legal guardian(s) of the above-named delegate, hereby grant permission for my/our child "the delegate" to travel to the above-named country to attend and participate in the States' 4-H International Exchange Program "S4-H."

I/we agree to accept the flight itinerary that S4-H arranges for the delegate. I/we agree to pay the cost for any deviations from this flight schedule caused by the delegate's personal actions. S4-H (Board, staff, and volunteers), partner Land Grant Institutions (their personnel and volunteers), and the international partner organization shall have no liability if the delegate voluntarily or otherwise withdraws or is dismissed from the program. Furthermore, I/we understand that program fees and airfare must be paid in full by the established deadlines in order for the delegate to participate in the exchange. In the event that the international partner organization cancels the program due to unforeseen circumstances, delegates will receive a refund for any payments made and may reapply to a different outbound program.

MEDICAL RELEASE

I/we hereby authorize the representatives of S4-H, the S4-H Board, international partner organization(s) or the parents of the family assigned as hosts for my/our child, to make arrangements for my/our child's welfare, including transportation in the event of an emergency, and for whatever emergency medical care may be deemed necessary for my/our child's welfare, while participating in this program. I/we grant permission to release information regarding my/our child's health to any individual designated by S4-H.

INSURANCE AGREEMENT

I/we will be provided Sickness and Accident Insurance information for the company chosen by S4-H. I/we acknowledge that this coverage is secondary insurance and supplements any primary sickness and accident insurance that my/our family may have. I/we understand that this insurance provides coverage for accidents, injuries, or illnesses that occur when the delegate is out of the Home Country. I/we understand that the insurance coverage is limited (\$250,000 maximum medical expense per person; does not cover any preexisting condition) and that I/we are responsible for any medical expenses above and beyond those identified in the Insurance Plan Summary, including coverage determined to be in excess of *reasonable and customary*, as defined by the insurance provider.

While in the US, it provides \$1,000 medical coverage during the Departure Orientation at the gateway city.

The delegate agrees to follow the S4-H Safety Guidelines at all times. I/we understand that the Safety Guidelines are based on insurance coverage rules and exclusions. If the delegate is injured while participating in a prohibited activity, I/we will be responsible to pay for the resulting medical bills.

LIABILITY RELEASE

This liability release covers the time period from when the delegate departs his/her home state until he/she returns to the U.S. While under the sponsorship of S4-H, the delegate may not participate in any high-risk activities including, but not limited to, the following:

- hunting
- paintball
- mountaineering & rock climbing
- scuba diving
- jet-skiing
- water skiing
- snorkeling
- bungee jumping
- hang gliding
- glider riding
- parachuting
- parasailing
- hot air ballooning
- sky diving
- driving
- motorcycle/motor scooter driving/riding
- operating motorized lawn equipment
- operating farm equipment
- driving/riding motorized recreational vehicles
- driving/riding all-terrain vehicles
- horse racing
- spelunking

I/we, the undersigned, authorize the delegate to participate within the program guidelines established by S4-H. I/we hereby release S4-H (Board, staff, and volunteers), partner Land Grant Institutions (their personnel and volunteers), the international partner organization, program chaperones, and host families past and present from any and all current and future claims, losses, expenses, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by the delegate during the time he/she is a participant in the program.

I/we agree to supply the delegate with spending money to cover his/her personal needs and expenses for the duration of the program and return home. I/we understand and agree that S4-H is not responsible for the delegate's money or personal property, whether lost or stolen, while he/she is participating in the program.

I/we certify that all information provided in the Outbound Delegate Application is correct and complete, including medical and immunization history. I/we also understand that any changes in the information provided, including but not limited to changes in the delegate's medical history or condition, must be reported to S4-H immediately. I/we understand that withholding information and/or providing incorrect information and/or not reporting changes after the medical form has been submitted are grounds for possible termination from the program and repatriation at my/our expense with no refund of program fees.

PHOTO/MEDIA RELEASE

I/we grant S4-H and its representatives, the S4-H Board, international partner organization(s), and 4-H clubs unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about my/our child and reproductions of my/our child's likeness (photographic or otherwise), whether or not related to any affiliation with 4-H, with or without my/our child's name. I/we hereby waive any right that I/we may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

CODE OF CONDUCT

The following are the terms of participation for S4-H. Delegates are expected to observe the following during the entire exchange period.

1. Delegates must abide by the laws of the host country, host state, and hosting organization.
2. Delegates must show respect for 4-H and all program staff in the U.S. and abroad and obey their instructions.
3. Delegates must obey host family rules about things such as, but not limited to, curfews and household chores. Delegates may not have guests in the host family's home without their host parent's permission.
4. Delegates should talk to their State Coordinator, Program Chaperone, or appropriate organization staff concerning problems they are having and avoid speaking of their host family's private affairs to community members and friends.
5. Delegates may not change host families without approval.
6. Delegates must always be aware of their responsibilities as an exchange participant and make a determined effort in their host family.
7. Delegates must not participate in any sexual contact or sexual activity, including possessing or viewing pornographic material.
8. Delegates must not take any action that may change the nature or course of their life, e.g. getting married, changing religion, etc.
9. Delegates are not allowed to purchase or use a firearm.
10. Delegates may not possess or use drugs except those prescribed by a licensed physician or over-the-counter medications such as aspirin.
11. Delegates are not permitted to purchase or drink alcoholic beverages.
12. Delegates are not permitted to smoke or use other tobacco products.
13. Delegates must not possess or use fireworks.
14. Delegates are not allowed to gamble.
15. Delegates must return to their home country on the date which 4-H or the program organization specifies.
16. Delegates must obtain prior consent from the host family and the appropriate organization contact before planning personal travel of any kind.
17. Delegates must follow S4-H program safety guidelines at all times.

I (the delegate) have read and understand the above, and agree to comply with these rules. I understand that failure to comply with these rules may be grounds for dismissal from the States' 4-H International Exchange Programs (S4-H) and may be sent home at once at my expense for violating the rules above. In addition, I must be in good standing from the time of acceptance through the exchange period, and failure to comply may be grounds for dismissal from S4-H program participation.

I CERTIFY that all information on this application is true and complete to the best of my knowledge. I understand the purposes and objectives of the States' 4-H International Exchange Programs and agree to participate within the framework of the program. The signature of the undersigned delegate and parent(s)/legal guardian(s) indicates a complete understanding of and a willingness to abide by the above Travel Release/Authorization, Medical Release, Insurance Agreement, Liability Release, Photo/Media Release, and Code of Conduct.

_____	_____	_____
*Signature of father/legal guardian	Print father's/legal guardian's name	Date
_____	_____	_____
*Signature of mother/legal guardian	Print mother's/legal guardian's name	Date
_____	_____	_____
Signature of delegate	Print delegate's name	Date

*In the case of divorced parents:

1. For divorced parents with joint custody, both parents must sign above.
2. For divorced parents where one parent is awarded full custody, only one parent needs to sign above. The same parent must sign below:

By signing below, I attest that I have sole custody of the child listed above.

Signature of Parent or Guardian _____ Date: _____
 Print Parent or Guardian's name _____

Based on my assessment of the delegate's application and interview details, I recommend him/her for participation in the 2015 S4-H Outbound Programs. (Please carefully verify delegate's airport selection)

_____	_____	_____
County Agent	Print County Agent's name	Date
_____	_____	_____
State Coordinator	Print State Coordinator's Name	Date