



OUTBOUND PARTICIPANT APPLICATION

Indicate program(s) for which you are applying:

- Labo Exchange (4-week homestay) Offered Annually
Nihongo Language Program (3 weeks of language school followed by Labo 4--week homestay) Offered Annually
Meiji Gakuin Exchange (4-week homestay) Offered in even-numbered summers only

T shirt size [] S [] M [] L [] XL

Full Name (First) (Middle) (Last) Gender: Grade: (in Fall)

Name you prefer to be called: Age: Birthdate: (M/D/Y)

HOME ADDRESS:

Street/RR/Box: City: State: Zip: County: Phone: E-mail:

Emergency Contact Name: (other than Parents) Relationship: Phone:

PARENT / GUARDIAN:

Mother's Name: Occupation:

Place of employment:

Work address:

City: State: Zip:

Home Phone: Work Phone:

Father's Name: Occupation:

Place of employment:

Work address:

City: State: Zip:

Home Phone: Work Phone:

Name and Age of Sister (s)

Name and Age of Brother (s)

Religion (For information of host; If Protestant, give denomination): _____

INSURANCE:

Name of Family Insurance Carrier: (Family is responsible for cost beyond limits of 4-H Japanese Exchange International Policy): _____

State Health Card # _____ Card Number: _____

PLACEMENT SURVEY:

In order to make your homestay more enjoyable for you and your host family, please answer the following questions as specific as possible:

Do you have any specific medical conditions that your host family should be made aware of ? Yes No

If so, what? _____

Are you taking any medications? Yes No If so, what? _____

Are you allergic to anything? Yes No Please list and be very specific: _____

Do you have any special physical/mental/dietary conditions that your host family should be made aware of? Yes No

If yes, please explain: _____

Are there any physical activities that you are restricted from doing? Yes No If yes, please explain: _____

LANGUAGE ABILITY (Other than English).

Please indicate: Excellent-Good-Poor-None.

Language	Reading	Writing	Speaking	Comprehension	Years Study in H.S.	Spoken in House (Yes) or (No)

Are you willing to study a language? Yes No

TRAVEL EXPERIENCE OUTSIDE THE U.S.

Country	Length of Stay	Dates/Year	Purpose (tourist, exchange student, other)

Please explain briefly your interests or other pertinent information about yourself and how you feel the 4-H / Japanese Exchange Program will benefit you in these areas:

In the following categories, check as many boxes as may apply to you.

What activities do you enjoy?

- studying shopping walking camping tennis swimming Other...
 singing cooking music sports eating

Your personality characteristics:

- tidy curious shy emotional serious patient Other...
 laugh a lot sociable tolerant cheerful quiet talkative

What do you usually do in your free time?

- movies reading shopping Other...
 museums studying sports events

What type of TV programs do you enjoy watching?

- educational adventure game shows musicals drama
 movies sports news comedies none

What kind of books do you enjoy reading?

- science fiction classics mysteries textbooks
 fiction non-fiction poetry Other...

What type of music do you enjoy?

- classical jazz disco rock show-tunes popular folk country & western

What qualities do you value most in people?

- loyalty kindness patience sense of humor
 politeness honesty intelligence decisiveness

HOST FAMILY INFORMATION

My family has hosted an international participant: Yes No

Name: _____ Name of Program: _____ Year: _____
Name: _____ Name of Program: _____ Year: _____

If you have hosted the 4H/Japanese Exchange Program was it: Month Long Year Long

I request to be hosted by: _____
(Name of Japanese Family) (Japanese Organization)

Address: _____

Phone: _____

Any host family assigned by 4-H/Japanese Exchange Coordinator will be acceptable: Yes No

Will you be able to host next year? Yes No Maybe

References: (4-H members are required to name at least one person from school; the other two may be any individual other than a relative.)

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

On a separate paper, submit a typed essay (no more than 2 pages) on:

“How will I learn about Japan before my trip? What are my expectations of this exchange to Japan? Why do I want to participate in the 4-H/Japanese Exchange?”

Please enclose a photo of yourself and your family.

I CERTIFY that all information on this application is true and complete to the best of my knowledge. I understand the purposes and objective of the 4-H International Programs and agree to participate within the framework of the program.

Applicant's signature

Date

Parent or Legal Guardian
(If the applicant is under 18)

Date

Extension Educator

Date

County Coordinator

Date

State Program Coordinator

Date

It is the policy of the Purdue University Cooperative Extension Service, David C. Petritz, Director, that all persons shall have equal opportunity and access to the programs and facilities without regard to race, color, sex, religion, national origin, age, marital status, parental status, sexual orientation, or disability.

Purdue University is an Affirmative Action employer. This material may be available in alternative formats.

VERIFICATION (For applicants who will be 18 years of age or older before or during dates of travel)

Have you been convicted of a crime (excluding minor traffic violations)? _____Yes _____No

If yes, give date, nature of offense and disposition.

PLEASE NOTE: A criminal record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specifics of the position.

I certify that the above information is correct. I authorize the contact of the references listed above. I understand background checks will be conducted. I authorize the Purdue University Cooperative Extension Service to contact the Indiana Criminal Justice Institute to conduct a search of the Sex and Violent Offender Registry to release any information on the Registry to the Purdue University Cooperative Extension Service. **I understand the misrepresentation or omission of facts requested is just cause for non-appointment as a Purdue University Cooperative Extension Service youth program volunteer.**

Volunteer signature:_____ Date:_____

Please return application with a picture to:

**4-H/Youth Department
International Program Coordinator
Agriculture Administration Building Room 224
615 West State Street
West Lafayette, IN 47907-2053**