



VIRGINIA 4-H 2007 OUTBOUND PARTICIPANT APPLICATION

PRINT IN DARK INK OR TYPE

Indicate program(s) for which you are applying:

Japan SUMMER (4 week) Labo Lex Utrek

Japan PRE-SUMMER (7 week) Nihongo (Labo)

Finland Puerto Rico (subject to confirmation)

FULL LEGAL NAME: _____
(First) (Middle) (Last)

*** Full given name as it appears on the passport is required by airlines ***

Gender: _____ Grade: _____ Age: _____ Birth Date: _____ T-shirt Size: _____
(M/D/Y)

HOME ADDRESS:

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: () _____

Applicant's E-Mail: _____ Fax: _____

PARENT / GUARDIAN:

Mother's Name: _____ **Occupation:** _____

Cell Phone: () _____ Home Phone: () _____ Work Phone: () _____

E-Mail: _____ Fax: _____

Father's Name: _____ **Occupation:** _____

Cell Phone: () _____ Home Phone: () _____ Work Phone: () _____

E-Mail: _____ Fax: _____

Name and Age of Sister(s): _____

Name and Age of Brother(s): _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Cell Phone: () _____ Home Phone: () _____ Work Phone: () _____

RELIGION: (For your host family's information) _____

FAMILY INSURANCE CARRIER: _____ ID#: _____ Group # : _____
(Participants are responsible for expenses beyond the coverage of the exchange program's insurance policy.)

LANGUAGE ABILITY (Other than English). Please indicate: Excellent - Good - Fair - Poor - None.

Language	Reading	Writing	Speaking	Comprehension	Years Studied

TRAVEL:

1. From which local airport would you prefer to depart and return? _____

NOTE: *We cannot guarantee that the airport listed above will be chosen for travel.

2. Have you flown domestically before? Yes No Internationally? Yes No

3. Do you have a current passport? Yes No Expiration Date: _____

Passport Number: _____

TRAVEL EXPERIENCE OUTSIDE THE U.S.

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

HOST FAMILY REQUEST:

We have hosted an international visitor through 4-H in the past. (List.)

Name	Year	Organization	Country

Any host family assigned is acceptable.

I request to be hosted by:

Family Name: _____ Organization: _____

Address: _____

Home Phone: () _____ Email: _____

If the above family is unavailable, I'd like to be hosted by:

Family Name: _____ Organization: _____

Address: _____

Home Phone: () _____ Email: _____

AT-A-GLANCE HEALTH SURVEY: In order to make your homestay more enjoyable for you and your host family, please answer the following questions. Be as specific as possible. (If you need more room, please attach another sheet of paper.)

ALLERGIES: List ALL non-food allergies: _____

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

2. Are you a vegetarian? Yes No If YES, please list what you CANNOT eat:

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3. Please list all other special dietary needs & restrictions:

SMOKING:

- I may NOT be placed with a smoking family.
- I may be placed with a smoking family, but prefer non-smoking.
- A smoking family is acceptable for me.

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 the following animals and cannot be placed with them inside the home:

- I am afraid of some pets and animals. Please do not place me in a home with the following:

OTHER HEALTH CONCERNS:

Do you have any specific physical/mental condition of which your host family should be made aware?

Yes No List: _____

Are you taking any medications? Yes No List All: _____

Are there any physical activities you are restricted from doing? Yes No _____

Height: _____ feet _____ inches Weight: _____ lbs.

INTRODUCTION TO YOUR HOST FAMILY:

In the following categories, 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 cheerful quiet patient talkative humorous/funny sociable
- tolerant serious other: _____

What do you usually do in your free time?

- movies museums reading studying shopping sports events other: _____

What type of TV programs do you enjoy watching?

- educational adventure game shows musicals comedies drama movies sports news

What kind of books do you enjoy reading?

- science fiction classics non-fiction mysteries poetry humor fiction anime other

What type of music do you enjoy?

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

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What qualities do you value most in people?

- loyalty kindness patience intelligence sense of humor decisiveness politeness honesty
sociability generosity curiosity hard-working

Please list some of your hobbies & interests:

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

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: () _____

REQUIRED ESSAY

On a separate paper, submit a typed essay (1 page) that answers the following questions:

1. Introduce yourself & your family.
2. What are your expectations for this exchange?
3. Why do you want to participate?

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 4-H/International Exchange Program and agree to participate within the framework of the program.

Applicant's Signature

Date

Parent or Legal Guardian (If applicant is under 18)

Date

County Agent

Date

State Coordinator

Date

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Attach at least one photo of yourself on this page.