



**Candidate Application**

**PERSONAL**

First name	Middle name	Last name	Birthdate
Home city	Home state / province	Home country	Sending organization

**FOR OFFICE USE ONLY**

ID#	Program applying for	Application status
Chapter	Region	Program Duration Preferences



# 1 Basic Personal Information

## 1 CANDIDATE'S LEGAL NAME

First name	Middle name	Last name	Preferred name/nickname
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## 2 ADDRESS FOR MAILING PURPOSES

Street/P.O. Box	Zip/Postal Code
City & State/Province	Country
Telephone	Mobile Phone :
Fax	Email address
Date of Birth :	

## 3. FOR VISA PURPOSES

City of Birth	Country of Birth
Country of Citizenship	Country of legal Residence
Passport Number	Passport Issue Date
Place/office of Passport Issue	Pasport Expiration Date
Have you ever traveled to the United States on an F-1 or J-1 Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", please indicate which type of visa and name of the sponsoring institution.	

## 4. FAMILY MEMBER

Title	First name	Middle name	Last name	Relationship	Date of Birth	Country of Birth
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## 5. INFORMATION ABOUT PARENT(S)/GUARDIAN(S) WITH WHOM I LIVE

## 6. CONTACT DETAILS OF ANY NATURAL PARENT WITH WHOM I DO NOT LIVE

Legal name: First name	Last name	Home Phone , Business and/or Mobile Phone
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Date of Birth	Country of Birth	Occupation	Employer	Email
Street/P.O. Box				Zip/Postal Code
City & State/Province				Country

## 7.EMERGENCY CONTACT

If your Parent/Guardian cannot be reached, please indicate someone else in your community whom we can contact:  
First Name Last Name/Relationship/Telephone Numbers (home, work, mobile)

## 8. NAMES AND BIRTHDATES OF BROTHERS AND SISTERS

Please go to Family Member section above.

## 9. AFS CONNECTIONS

Has anyone in your family: (If yes, please describe who, the relationship, where and when.)

Hosted on AFS?  Yes  No

Participated on an AFS program?  Yes  No

Any close friends or relatives living abroad?  Yes  No

Have you participated in any other exchange program, traveled abroad or lived in another country? Please provide details.

Would you like to be a host family?  Yes  No

## ADDITIONAL INFORMATION

School Information

Please fill in your province and city and see if we have your school and its information in our system.

School \_\_\_\_\_

In case your school is in our system and you find it above, you will see here the information we have in the system. Please correct if needed. In case we don't have your school in our system above, please fill out the information below.

Name School	_____
Address	_____
Principal	_____
Telephone	_____
Fax	_____
City	_____
Province	_____



# 2 Placement Information

ID# Name:

## 1 CANDIDATE NAME

First name Middle name Last name Home country

## 2 MEDICAL REQUIREMENTS AND HEALTH RESTRICTIONS

Do you have physical restrictions, impairments or allergies that will limit placement options or participation in everyday family and/or school activities?

yes  No If yes, please explain:

Please check the appropriate boxes if you CANNOT live with: Cats  Indoors?  Outdoors?

Dogs  Indoors?  Outdoors? Other pets  Indoors?  Outdoors?

If you checked boxes for other pets, please explain:

If you have checked that you CANNOT live with a pet, please indicate why

Allergy  Fear  Religion  Other

## 3 DIETARY REQUIREMENTS

Do you have dietary restrictions, including for medical, religious or self-imposed reasons?  Yes  No

If yes, please explain:

If you are a vegetarian, are you willing to eat:  Fish  Poultry  Dairy products

## 4 RELIGION

What is your religious affiliation, if any? (Optional)

How often do you participate in structured religious services?  Weekly  Monthly  Occasionally  Never

Bearing in mind that it is likely your host family will have different religious affiliation, how strongly do you feel about having access to structured religious services of your own faith?  Required  Not necessary

## 5 SMOKING

Do you smoke cigarettes?  Yes  No

In some cultures it is more difficult to find placements for cigarette smokers. Given this, smokers should please

choose one of the following:  I will smoke during my AFS exchange program.  I will not smoke during my AFS exchange program.

## 6 LANGUAGES

Native language

Language proficiency (for languages other than your native language):

Language _____	Years studied _____	Speaking ability:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Language _____	Years studied _____	Speaking ability:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Language _____	Years studied _____	Speaking ability:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Language _____	Years studied _____	Speaking ability:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Language _____	Years studied _____	Speaking ability:	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

## DISCLAIMER

I understand that host countries may not be able to accommodate the restrictions or requirements indicated in the completed application and that acceptance on the AFS program is not a guarantee that these preferences can be honored.

I further understand that I may not be eligible to participate in athletic teams related to my host school or community.



## AFS Medical Evaluation Policies

While the AFS program is an invaluable experience and a time of tremendous growth for participants, it is important for candidates and their families to understand that by its nature, the AFS program can also be both emotionally and physically demanding. Being immersed in a different culture, placed in an unfamiliar host family, school and community often involves emotional stress during an adaptation period that varies from person to person. **If a candidate is experiencing current medical, emotional, psychological, or family difficulties or has only recently recovered from such difficulties, the adjustment demands of the AFS program can severely exacerbate such difficulties or even be cause for a relapse.** For this reason AFS requires a thorough and accurate profile of each candidate's health status. The following guidelines are used by AFS in determining a candidate's medical qualification for the AFS program.

1. If the candidate has a history of, or presents evidence of a medical condition, the application must show evidence that:
  - The candidate has a full understanding and knowledge of the previous or current condition.
  - The condition has been stable for one full year prior to application.
  - There has been no major change in therapy or prescribed medication for the current condition within one year prior to application.
  - There has been no emergency treatment or hospitalization related to the condition within one year prior to time of application.

Please note that while the above items constitute our basic guidelines, each applicant's medical, emotional, or psychological history must be evaluated on a case by case basis. It is possible that certain applicants who meet the above guidelines might still be rejected if AFS determines that an applicant's specific history, on-going condition or prescribed medications, or some combination of the three would in the opinion of AFS pose significant risk for the applicant or the organization if he or she participated in one of the AFS exchange programs.

2. If a candidate has had a history of, or presents evidence of, an emotional, psychological, learning or eating disorder, the AFS application must include Form 3C, in addition to meeting the criteria above. Form 3C needs to be completed by the health specialist who is either currently treating or has treated the candidate in the past for this condition. The purpose of Form 3C is to obtain the health specialist's evaluation of the candidate's ability to manage potential adjustment anxieties and stress in a foreign environment in light of his or her current or previous condition and treatment. **Please note that a recommendation by a psychotherapist or medical doctor does not guarantee acceptance by AFS-USA or another AFS country.**
3. If a candidate's health is dependent on regularly administered medication, or facilities are required for treatment of a chronic ailment or a physical condition, in addition to the criteria mentioned above, the candidate's application must show evidence of self-reliability to comply with prescribed treatment and required self-administered medication.
4. AFS is committed to providing opportunities for students with physical disabilities to participate in programs abroad. In order to realistically assess the feasibility of finding a placement that can accommodate the needs of the candidate, the Health Certificate included in the AFS Application must be thoroughly completed. In addition, the health specialist currently treating the candidate must provide a written statement explaining any limitations the candidate might have and any special arrangements such limitations require.
5. In addition, candidates could be medically disqualified if their applications reveal other conditions, such as:
  - A chronic condition with disturbing symptoms which the attending physician(s) have not been able to diagnose at the time of application.
  - A hospitalization or emergency treatment related to an unstable or undiagnosed condition within one year prior to application.
  - A hospitalization or emergency treatment for life threatening allergic reaction within one year prior to application.

**Note:** In addition to assessing a candidate's overall suitability for the AFS program, AFS must also determine suitability for specific programs and specific countries. **Some conditions cannot be accommodated in certain countries or areas of a country; therefore candidates may be accepted to the AFS program but only offered placement in a limited number of programs or countries.**

## **Disclaimer**

The medical review process may take up to several weeks, depending on the follow-up that is required in each case. Most of the delays are due to difficulties contacting the mental health professionals or medical doctors that completed the forms.

In order to avoid unnecessary delays, we encourage parents/legal guardians of students who require special medical review to contact the relevant professionals to explain the importance of their returning calls made by the AFS staff handling the review process.

Since AFS-USA must meet deadlines set by partner organizations in the hosting countries, in some cases it is necessary to continue with the application process while the medical review is underway. Students going to countries with complicated and lengthy visa application processes may even be asked to begin the visa application process before the medical review is finalized. This is necessary in order to increase the possibility of their traveling as scheduled, should their medical review allow them to participate in the program.

Regardless of how advanced the application process may be, the acceptance of students might be reverted at any time should the medical review fail to clarify concerns regarding the suitability of any student to participate in the exchange program.



# 3A Health Certificate

To be completed by the candidate's physician or nurse practitioner. The physician can not be related to the candidate. For any "YES" responses please provide a detailed explanation or attach a separate report. AFS reserves the right to ask for further information to determine if the candidate meets the program medical qualifications.

Ms.  Mr. Candidate's Name (First/Middle/Last) Home Country Date of birth (mm/dd/yyyy)

1 Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood type/Rh Factor \_\_\_\_\_ B/P \_\_\_\_\_ Pulse \_\_\_\_\_ Resp \_\_\_\_\_

2 Do you note any abnormalities concerning height, weight (including substantial loss or gain in the past six months), blood pressure, pulse, or respiration?  Yes  No If yes, explain:

### HAS THE CANDIDATE HAD THE DISEASES / CONDITIONS LISTED BELOW? CHECK YES OR NO.

	Yes	No	If known:	Date		Yes	No
a) Measles	<input type="checkbox"/>	<input type="checkbox"/>	Titer _____	_____	h) Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
b) Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Titer _____	_____	i) Cough (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>
c) Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Titer _____	_____	j) Headaches (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>
d) Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	Approx. Date: _____	_____	k) Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>
e) Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>			l) Enuresis	<input type="checkbox"/>	<input type="checkbox"/>
f) Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>			m) Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>
g) Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>			n) Parasites (internal)	<input type="checkbox"/>	<input type="checkbox"/>

If yes, give detailed information and dates (use extra pages if necessary):

3 ACNE  Yes  No If yes, identify area, severity, and any medication taken (name, dosage, frequency):

4 ALLERGIES  Yes  No If yes, identify type, severity, and any medication taken (name, dosage, frequency):

5 ASTHMA  Yes  No If yes, identify type, severity, and any medication taken (name, dosage, frequency):

6 DIABETES  Yes  No If yes, identify type, severity, and any medication taken (name, dosage, frequency):

7 SEIZURE DISORDER  Yes  No If yes, identify type, severity, and any medication taken (name, dosage, frequency):

### 8 HAS THE CANDIDATE EVER HAD ANY DISEASE, IMPAIRMENT, OR ABNORMALITY OF:

	Yes	No		Yes	No
a) Abdominal organs, digestive system	<input type="checkbox"/>	<input type="checkbox"/>	e) Heart, blood vessels	<input type="checkbox"/>	<input type="checkbox"/>
b) Lungs, respiratory system	<input type="checkbox"/>	<input type="checkbox"/>	f) Tonsils, nose, or throat	<input type="checkbox"/>	<input type="checkbox"/>
c) Bones, joints, locomotor system	<input type="checkbox"/>	<input type="checkbox"/>	g) Blood, endocrine system	<input type="checkbox"/>	<input type="checkbox"/>
d) Genito-urinary system	<input type="checkbox"/>	<input type="checkbox"/>	h) Eyes/vision, Ears/hearing	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain (use extra pages if necessary):

### 9 HAS THE CANDIDATE BEEN HOSPITALIZED?

Yes  No If yes, give dates, diagnosis, and outcome for each incident:



# 3B Health Certificate

FOR OFFICE USE

AFS ID#

Ms.  Mr. Candidate's Name (First/Middle/Last) Home Country Date of birth (mm/dd/yyyy)

10 Is the candidate currently taking medication or injections?  Yes  No  
If yes, identify the medication, reason for usage, dosage, and frequency: \_\_\_\_\_

11 Has the candidate ever consulted a neurologist, psychologist, or any other specialist for a nervous, emotional, learning, or eating disorder?  Yes  No

12 Is there a history of, or present evidence of, a nervous, emotional, learning, or eating disorder?  Yes  No  
Placement in a foreign host family, school, and community requires adjustment which often involves emotional stress. It will not be a time for relaxation or temporary relief from any current therapy. If the candidate is experiencing current emotional, physical, personal or family difficulties, these difficulties can be severely exacerbated by the adjustment demands of the AFS program. Therefore, please carefully evaluate the candidate's current or previous condition and treatment along with his or her ability to manage potential adjustment anxieties and stress in a foreign environment.

If you answered 'yes' to either question 11 or 12, please note that:

- (1) The form 3C must be completed and submitted by a medical doctor or psychotherapist;
- (2) Statements written by the candidate and their parent/guardian(s) about the illness or specific problem must be attached.

13 Are there any health limitations or restrictions on the candidate's activities and / or sports participation or any medical information which should be considered for a home/school placement?  Yes  No If yes, please describe: \_\_\_\_\_

14 Does the candidate wear glasses or contact lenses?  Yes  No

15 What was the date of the candidate's last dental check up? \_\_\_\_\_

Does the candidate wear dental braces?  Yes  No

If yes, will orthodontic care be needed while on the program?  Yes  No Frequency? \_\_\_\_\_

**16 CANDIDATE HAS HAD THE FOLLOWING IMMUNIZATIONS, PLEASE SPECIFY MONTH / DAY / YEAR BELOW:**

	YES	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Measles	<input type="checkbox"/>	_____	_____	_____	_____	_____
Mumps	<input type="checkbox"/>	_____	_____	_____	_____	_____
Rubella	<input type="checkbox"/>	_____	_____	_____	_____	_____
Diphtheria	<input type="checkbox"/>	_____	_____	_____	_____	_____
Pertussis	<input type="checkbox"/>	_____	_____	_____	_____	_____
Tetanus	<input type="checkbox"/>	_____	_____	_____	_____	_____
Poliomyelitis	<input type="checkbox"/>	_____	_____	_____	_____	_____
BCG	<input type="checkbox"/>	_____	_____	_____	_____	_____
Hepatitis B	<input type="checkbox"/>	_____	_____	_____	_____	_____
Other	<input type="checkbox"/>	_____	_____	_____	_____	_____

**TB Test** Which type  Mantoux or  Tine? Date: \_\_\_\_\_ Result (+/-) \_\_\_\_\_

If positive, was chest X-ray done?  Yes  No Date: \_\_\_\_\_ Result (+/-) \_\_\_\_\_

I, the undersigned, certify that a thorough physical examination of the candidate has been given and all important recent medical information has been included on Form 3A and 3B, that nothing relevant has been omitted, and that the candidate is able to travel. I understand that the omission of any information could be harmful to the candidate's health care and could result in early termination from the AFS program.

Physician/Nurse Name

Business Phone

Signature

Date (mm/dd/yyyy)

Physician's Office Stamp

Your signature below attests that you understand and accept the AFS Medical Policies as stated on the Participation Agreement, that the information on Forms 3A and 3B is correct and complete, and that inaccurate or incomplete information could be harmful to the candidate's health care and could result in early termination from the AFS program.

Candidate Signature

Date (mm/dd/yyyy)

Parent/Legal Guardian Signature

Date (mm/dd/yyyy)



This form required only if you answered 'yes' to Form 3B questions 11 or 12

### 3C Addendum to Health Certificate

Ms.  Mr. Candidate's Name (First/Middle/Last) Home Country Date of Birth (mm/dd/yyyy)

Candidate Release Statement: I authorize (Dr. name) \_\_\_\_\_ to disclose and release to AFS all medical and psychological information pertaining to my treatment from (dates) \_\_\_\_\_ to \_\_\_\_\_ .

Candidate Signature Parent/Legal Guardian's Signature

Preferred program length (in months): \_\_\_\_\_

**To be completed by candidate's mental health specialist:**

The information below, along with the candidate's completed application, will be used in determining the candidate's appropriateness for an AFS program. Please note that a recommendation from a psychotherapist does not guarantee acceptance by AFS-USA or another AFS country. This information is confidential and will be seen only by AFS staff. Placement in a foreign host family, school, and community requires adjustment which often involves emotional stress. It will not be a time for relaxation or temporary relief from any current therapy. If the candidate is experiencing current emotional, physical, personal, or family difficulties, **these difficulties can be severely exacerbated by the adjustment demands of the AFS program.** Therefore, you are requested to evaluate carefully the candidate's current or previous condition and treatment along with his or her ability to manage potential adjustment anxieties and stress in a foreign environment.

**IF THE CANDIDATE HAS BEEN IN PSYCHOTHERAPY:**

How long has this candidate been seeing a psychotherapist? \_\_\_\_\_

Is this candidate currently seeing a psychotherapist?  Yes  No If "yes" how often? \_\_\_\_\_

Is this candidate likely to have an adverse reaction to the cessation of psychotherapy during the AFS experience?  Yes  No

Please explain. \_\_\_\_\_

Have there been any changes in psychotherapy in the last year?  Yes  No

Please specify: \_\_\_\_\_

Please indicate the DSM IV diagnosis on all 5 axes:

Axis I \_\_\_\_\_ Axis II \_\_\_\_\_ Axis III \_\_\_\_\_ Axis IV \_\_\_\_\_ Axis V \_\_\_\_\_

**IF THE CANDIDATE IS CURRENTLY ON MEDICATION OR HAS TAKEN MEDICATION IN THE LAST YEAR RELATED TO THE PSYCHOTHERAPY CONDITION:**

Name of medication: \_\_\_\_\_ Current dosage: \_\_\_\_\_

For what condition was the medication prescribed? \_\_\_\_\_

When was the medication first prescribed? \_\_\_\_\_ What was the highest dosage? \_\_\_\_\_

Will the candidate be taking the medication during the AFS experience?  Yes  No

Please specify: \_\_\_\_\_

Have there been any changes in medication in the last year?  Yes  No

Please specify: \_\_\_\_\_

Reason for adjustment: \_\_\_\_\_

**Would you recommend this candidate for an AFS experience?**  Yes  With reservation  No Please use back of form for comments

If necessary, may we contact you if we need more information?  Yes  No

Dr. Name: \_\_\_\_\_ Field of Practice: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please return this form to AFS Admissions Center, 506 SW 6th Avenue, 2nd Floor, Portland OR 97204-1523, admissions@afs.org, or fax to 1 (503) 229-0753.



# 5 Parents Statement

FOR OFFICE USE AFS ID#

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Candidate Name (First/Middle/Last)

Home Country

Please provide a brief statement about your son/ daughter covering his/her:

- 1** Relationship with you and your family.
- 2** Relationship with others.
- 3** Reactions to disagreement and discipline.
- 4** What is the amount of independence given to your child?
- 5** How does your child handle challenging or difficult situations?
- 6** Reactions to being away from home in the past. Please also discuss any factors (e.g., dietary, physical, or health limitations) which you believe should be considered in placing your child in a new environment.

Please use a computer (and paper clip your print-out to this form), type or print legibly in black ink.

---

Parent/Legal Guardian's Signature

Date



\_\_\_\_\_  
Candidate Name (First/Middle/Last)

\_\_\_\_\_  
Home Country

\_\_\_\_\_  
Date

**PERMISSION TO USE PHOTOGRAPHS AND VIDEO FOOTAGE**

We understand that photographs and film and video footage (the images) of current and former candidates are occasionally used by AFS in promotional materials. By signing this Agreement, we grant to AFS the right to use, publish and/or reproduce for any lawful and legitimate purpose excerpts from interviews and letters, images and audio recordings and any other still or moving images of the candidate taken during his/her involvement with AFS and to use his/her name in this connection. We understand that if we do not wish the candidate's images to be so used, we must mark the following box and initial the space beside it. By leaving this box blank, we understand that we will be deemed to have consented to such use.

Initial here if you DO NOT give permission for AFS to use such letters, images and audio recordings of your child. In this case, your child may not be allowed to be part of AFS group photos, etc.

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Should any medical emergency arise, if time permits, AFS will communicate with us through the National Office and request permission for surgery or other necessary treatment; however, if in the sole judgment of AFS, time and circumstances do not permit communication with us, we authorize AFS to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

We are aware that some local government or school authorities may require certain vaccinations in order for our child to participate in school or community responsibilities. We understand that we are responsible for any costs related to these requirements.

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION**

We hereby authorize AFS, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for our son/daughter while on the program and any other information concerning such examinations or treatments.

**PERMISSION FOR SCHOOL SPONSORED ACTIVITIES (FOR SCHOOL-BASED PROGRAMS ONLY)**

We authorize the AFS host parents for my son/daughter during his/her participation in the AFS program to execute any authorization required by our son/daughter's school for our son/daughter to participate in any school sponsored activities, events or programs.

**SCHOOL COMMITMENT (FOR SCHOOL-BASED PROGRAMS ONLY)**

The student fully understands that this AFS program is school-based and family-oriented. The student intends to participate fully in school activities and to complete all assignments and schoolwork while on exchange. We understand that school is compulsory. If the student should neglect the above, AFS and/or the host school has the right to deny his/her participation in classes and s/he may be sent home.

**AGREED AND ACCEPTED BY**

\_\_\_\_\_  
(Signature of Natural Parent)

\_\_\_\_\_  
(Signature of Natural Parent)

\_\_\_\_\_  
Signature of Candidate

Candidate's Birthdate: day \_\_\_\_\_ month (spell word) \_\_\_\_\_ year \_\_\_\_\_





## 8 Confidential Placement Summary

**Important for Hosting Committees: This form is NOT TO BE SHOWN TO THE HOST FAMILY AND THE CANDIDATE AS IT CONTAINS CONFIDENTIAL INFORMATION.**

Please provide additional information on a separate piece of paper if you wish.

Candidate Name (First/Middle/Last) USA  
Home Country

### ENVIRONMENTAL INFORMATION: CHECK BOX THAT BEST DESCRIBES CANDIDATE'S AREA OF RESIDENCE

Urban  Suburban area  Small town  Rural area

What is the neighborhood socio-economic level:  Upper  Medium  Lower

Name of closest large city Distance Population

### HOME ENVIRONMENT

Who lives at home?

Comment on any situation within the family which is important to know for placement purposes (e.g. if this is a single parent home, please talk about the child's other parent and the relationship.)

Please comment on the cleanliness and organization of the home.

Education level of parents:  Some secondary school  Completed secondary school  College  Graduate level

### FAMILY COMMUNICATION/INTERESTS

Please check all that apply:

- |                                                         |                                               |                                 |                                           |                                              |
|---------------------------------------------------------|-----------------------------------------------|---------------------------------|-------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Mother-dominant                | <input type="checkbox"/> Permissive           | <input type="checkbox"/> Noisy  | <input type="checkbox"/> Sports-oriented  | <input type="checkbox"/> Community-oriented  |
| <input type="checkbox"/> Father-dominant                | <input type="checkbox"/> Strict               | <input type="checkbox"/> Quiet  | <input type="checkbox"/> Religious        | <input type="checkbox"/> Individual pursuits |
| <input type="checkbox"/> Shared parental responsibility | <input type="checkbox"/> Children independent | <input type="checkbox"/> Casual | <input type="checkbox"/> Education valued | <input type="checkbox"/> TV-centered         |
| <input type="checkbox"/> Demonstrative                  | <input type="checkbox"/> Traditional          | <input type="checkbox"/> Formal | <input type="checkbox"/> Career-oriented  |                                              |
| <input type="checkbox"/> Undemonstrative                | <input type="checkbox"/> Protective           | <input type="checkbox"/> Busy   | <input type="checkbox"/> Arts             |                                              |
| <input type="checkbox"/> Other(s) _____                 |                                               |                                 |                                           |                                              |

What are the family's shared activities?

Candidate Name (First/Middle/Last)

Home Country

**CANDIDATE'S PERSONALITY**

Comment on the candidate's attitude towards school:

What are the candidate's main activities and how many times a week are they pursued?

Please check all that apply:

- Introverted     Studious     Loner     Talkative     Patient     Group oriented     Musical
- Extroverted     Flexible     Shy     Late night person     Moody     Independent     Artistic
- Fun-loving     Easy to please     Organized     Early to bed     Leader     Computer interests     Reader
- Adventurous     Noisy     Untidy     Individual pursuits     Follower     Service oriented     Religious
- Humorous     Quiet     Listener     Group activities     Eager to please     Dancer
- Other(s) \_\_\_\_\_

**PLACEMENT — PLEASE CHECK BOX OF ANY CANDIDATE RESTRICTIONS LISTED BELOW:**

- Dietary     Medical/allergies     Smoking     Religious access

Where a box has been checked please provide additional details:

Please comment on the type of placement that would assist the candidate to have a successful AFS experience:

Do the volunteers in your area recommend this candidate for an AFS program?  Yes     No

Was an in-home informational interview conducted with the candidate and family?  Yes  No    Date: \_\_\_\_\_

Other comments:

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer Name Printed: \_\_\_\_\_ Email: \_\_\_\_\_

Please email this form to [sendinginterviews@afs.org](mailto:sendinginterviews@afs.org)

**Consent form**

The candidate application, pages 1 to 11, is incorporated herein by reference and this consent form exclusively applies to the candidate application.

I understand that my privacy is very important to AFS and that prior to participating in the inquiry, application process in which any of my personal or sensitive information (“personal data”) may be collected, AFS would like to inform me about its data protection and privacy policies and obtain my permission.

I understand and accept that AFS may process the personal and sensitive information that I have provided here, and may transmit such data to third parties for any purpose reasonably required for the proper organization and fulfillment of the AFS inquiry, application process and the AFS program. I understand that the data will not be sold or otherwise transferred to third parties for purpose. AFS will transfer and store personal data in central databases in at least two locations to ensure that the data is not lost. Currently those locations are in the United States of America and in Thailand. Those databases have a restrictive access and can only be accessed by AFS employees or volunteers both of which will use the information exclusively for the management of the AFS program operations.

By my signature below, I explicitly acknowledge that AFS Intercultural Programs, Inc., its national and regional affiliates and Partner organizations (herein referred to as "AFS") are entitled to process the personal data being provided by me (including all sensitive personal data being provided) in the manner described above. I also acknowledge and confirm that all provided personal data is accurate and complete.

Candidate name \_\_\_\_\_ Date: \_\_\_\_\_  
Candidate signature \_\_\_\_\_

Parent/ Guardian name \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/ Guardian signature \_\_\_\_\_

Parent/ Guardian name \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/ Guardian signature \_\_\_\_\_

*(Parent/ Guardian signature is required for all secondary school programs and candidates not of legal age in the country of residence)*

**Disclaimer**

The Form 2 entitled “Placement Information” is incorporated herein by reference. As disclosed in Form 2, I understand that host countries may not be able to accommodate the restrictions or requirements indicated in the completed application and that acceptance on the AFS program is not a guarantee that these preferences can be honored.

Candidate name \_\_\_\_\_ Date: \_\_\_\_\_  
Candidate signature \_\_\_\_\_

Parent/ Guardian name \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/ Guardian signature \_\_\_\_\_

Parent/ Guardian name \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/ Guardian signature \_\_\_\_\_

*(Parent/ Guardian signature is required for all secondary school programs and candidates not of legal age in the country of residence)*

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## Participation Agreement Terms and Conditions

Read this form thoroughly before signing. Please retain a copy of the document for your records.

*Parties to this agreement:*

AFS-USA, INC.	AFS INTERCULTURAL PROGRAMS, INC.
1 Whitehall Street, 2 <sup>nd</sup> Floor	71 West 23rd Street
New York, NY 10004	New York, NY 10010

**Participant Name:**

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PRINT FULL NAME (First/Middle/Last)	CITY	STATE	ZIP
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PARENT/LEGAL GUARDIAN: PRINT FULL NAME

AFS Intercultural Programs, Inc. is a not-for-profit corporation headquartered in New York, New York (with its affiliates, collectively referred to as AFS). Through intercultural learning programs AFS assists participating students, families, volunteers, and community members in acquiring the skills, attitudes, and knowledge needed to contribute meaningfully in a culturally diverse, increasingly interdependent world.

AFS programs operate in participating countries through independent affiliate organizations. Through these organizations AFS arranges placements in a hosting school and family (for Homestay programs), and orientation programs. Through unaffiliated service providers AFS arranges round-trip international transportation and medical care and special transport should emergency situations arise.

In the United States AFS programs are operated by AFS-USA, Inc.

The following Terms and Conditions identify the framework under which AFS will operate programs with the cooperation of student participants and their parents.

We, the undersigned student participant and parent(s)/legal guardian(s), agree to abide by the following Terms and Conditions of Participation:

### TERMS AND CONDITIONS OF PARTICIPATION

#### FEES

1. We agree to pay a non-refundable \$75.00 Application Fee (the "Application Fee") along with our son/daughter's preliminary application form. We understand that AFS-USA will not process our son/daughter's preliminary application without this fee.
2. We agree to submit a \$900.00 Tuition Deposit (the "Tuition Deposit") at the time that our son/daughter's full application is submitted to AFS-USA. If we submit our son/daughter's full application without first submitting a preliminary application, we will submit both the \$75.00 Application Fee and the \$900.00 Tuition Deposit together at that time. We understand that the process of finalizing a host country and providing a guarantee of placement in that country will only begin after AFS-USA has received these fees.
3. We understand that the \$900.00 Tuition Deposit is non-refundable except under the following conditions:
  - a) If our son/daughter's application is not accepted by AFS-USA.
  - b) If, once our son/daughter's application is sent overseas for review, none of the countries indicated on our son/daughter's application or selected by our son/daughter subsequent to submitting the application agree to accept our son/daughter.
  - c) If AFS-USA is unable to provide the name and address of our son/daughter's host family placement two weeks prior to departure and our son/daughter decides to withdraw from the program on that basis.
  - d) If AFS should cancel a program prior to the scheduled departure date and not provide an acceptable alternative placement.

4. If our son/daughter has been accepted to participate in an AFS program prior to the payment dates indicated in the attached payment schedule, we agree to pay AFS-USA a \$1,500.00 installment payment within 20 days of the date on the invoice or no later than the dates indicated on the attached payment schedule based on when our son/daughter is departing on their program, whichever comes first. If our son/daughter is accepted to participate in an AFS program after the payment dates indicated in the attached payment schedule, then the installment of \$1,500.00 is due 20 days from the date on the invoice.
5. We agree to pay AFS-USA the balance of unpaid program tuition based on the attached payment schedule.
6. We understand that AFS-USA reserves the right to impose financial penalties for late receipt of installment payments of the Program Tuition. We understand that students whose Program Tuition is not paid in full will not be permitted to depart on programs under any circumstances.
7. If our son/daughter decides to withdraw from the program less than 60 days before the program begins, and if this decision is for any reason other than those indicated in 3 (a), (b), (c), or (d) above, we agree to pay AFS-USA a non-refundable cancellation fee equal to 20% of the full Program Tuition.
8. If our son/daughter decides to withdraw from the program prior to the date the program begins, we will be refunded the full Program Tuition, minus any late-payment penalties or cancellation fees described above. Any refund of the \$900 Tuition Deposit will be determined by the policy described in paragraph 3, above.
9. We understand that after our son/daughter begins an AFS program, the full Program Tuition for that program is non-refundable.
10. We understand that AFS will send all participants information outlining the visa processes for their respective programs but it is the participant's responsibility to cover the costs of obtaining visas and/or any other required travel or entry documents. We understand that visa related fees are not covered by AFS Program Tuition. We further recognize that visa regulations and fees are established by government authorities who reserve the right to make changes at any time and that AFS cannot intercede or revoke decisions made by these authorities. AFS is not responsible for any changes in requirements or fees that occur throughout the visa application process and/or after arrival in the host country.
11. We understand that AFS sets the Program Tuition based on financial analysis of all anticipated expenses at the time of planning. We accept that AFS reserves the right to increase the Program Tuition if AFS must pay unanticipated increased costs.

## **SAFETY AND SUPPORT**

12. AFS strives to promote a positive learning experience but cannot guarantee the health and safety of participants. We understand that while on the program, and in the hosting country, participants must adhere to the internal travel guidelines of the AFS organization in the host country and where appropriate, obtain approval for independent travel from the local or national AFS official prior to formulating any definite arrangements. It is understood that participants may take part in sports or activities in which the participant has not previously engaged or which are not available in our country and by signing this Agreement we hereby consent to such sports or activities. We understand that we will be asked to sign a Host Country Activity Waiver after country acceptance. In addition, we understand that we may be asked to sign other waivers or release forms giving our permission and authorization for the participant to take part in certain activities or school organized sports
13. Many years of experience has taught AFS that a visit by relatives and friends can negatively impact the participant's experience. We understand that AFS does not encourage visits from family members or friends during the AFS program. If family or friends agree to visit the participant, we agree to obtain permission in advance from the AFS national office in the hosting country. We also agree to abide by the hosting country regulations regarding the timing and duration of the visit. We understand that the AFS host country or host family are not required to consent to a visit. In addition, we agree not to make any lodging or other impositions on the host family during the visit.
14. It is understood that while on the program, participants will not drive a car or any other vehicle requiring a license according to local laws, nor will participants initiate actions in order to acquire a license. It is understood that failure to comply is cause for termination from the program and early return to the home country.
15. It is understood that participants will assume the program responsibilities and requirements identified by AFS for the assigned program including orientation activities arranged by AFS prior to departure from the home country, during the stay abroad, and after returning home. For school-based year and semester programs student participants agree to attend school and assume course work responsibilities in accordance with the guidelines of the hosting school. Disregard or violation of these responsibilities and requirements may be cause for termination from the program and early return to the home country.
16. It is understood that AFS maintains the sole right to make host family placements or replacements as AFS determines necessary in the host country and that AFS may place the participant in more than one host family during the program and that participants will accept a placement with a family of any race, creed, or color. We understand that AFS will not guarantee another placement opportunity if the original placement made by AFS is not accepted by us.

Host families are screened in accordance with AFS guidelines. These guidelines are based on experience and research; they emphasize adaptability, suitability, and interest in the goals and purposes of AFS. Support from AFS volunteers or staff will be available to participants and host families throughout their experiences, however, it is understood that AFS does not supervise the manner and means by which host families fulfill their function as hosts, and that host families are not authorized to act for and are not the agents of AFS for any purpose. AFS has no responsibility or liability for any claims for damages or injuries claimed to have been caused by the acts or omissions of host family members. AFS has no obligation to defend host families against claims based on such acts or omissions, and will not provide such a defense.

17. Support from AFS volunteers or staff will be available to participants throughout their experience, however, we understand that AFS does not supervise the manner or means by which participants fulfill their functions as participants, and that during the AFS program participants are not authorized to act for and are not the agents of AFS for any purpose.

It is understood that AFS has no responsibility or liability for any claims for damages or injuries claimed to have been caused by the acts or omissions of participants while on a program, and that the prosecution of any claims for damages or injuries suffered by participants while

on a program is the sole responsibility of the participant and his or her parents. AFS, on our request, will assist in recommending possible legal counsel. However, AFS has no obligation to defend participants against claims based on such acts or omissions and will not provide such a defense.

18. Laws on drug use in most countries are severe and may carry lengthy imprisonment or death penalties. We understand and agree that AFS participants are subject to the laws of their hosting country and community and that AFS participants agree to abide by the laws of the hosting country and community; and that neither AFS nor the national government of the participant's citizenship has the ability to protect the individual from arrest or punishment with respect to involvement with illegal substances or any other illegal activities. We understand that in the event of legal proceedings related to such offenses or other legal matters, we are responsible for any legal fees and costs. We understand that involvement with the use of drugs for non-medicinal purposes is grounds for early return.

Participants are subject to laws of their hosting country and community with regard to the purchase and consumption of alcoholic beverages; in addition, AFS expects participants to demonstrate respect for local customs regarding responsible consumption of alcoholic beverages. Any abuse of alcoholic drinks, such as binge drinking, and inappropriate behavior related to drinking alcohol is not allowed while on an AFS program. Should participants abuse alcohol or binge drink, they can potentially place themselves or others in danger. This behavior cannot be tolerated on the AFS program and is grounds for an early return. Any arrest or suspension from school for alcohol use is also grounds for an early return.

#### 19. Termination of Program in Progress

- a) It is understood that AFS has the right to cancel or suspend a program at any time if, in the sole judgment of AFS, the conditions in the hosting country are such that participants' safety may be in jeopardy while traveling to or living in such country. Should we have concerns with respect to conditions in a particular hosting country, we understand that we should contact AFS, which will provide us with any information available to AFS, or refer us to the local governmental agency responsible for foreign affairs. Should circumstances which AFS determines as potentially dangerous develop within the host country during the program, AFS would arrange to return participants home.
- b) AFS also reserves the right to cancel an individual's participation and to return the individual home early if she or he violates the provisions of these Terms and Conditions or develops personal behavior or pursues actions which in the sole judgment of AFS would not be in the best interest of the participant or of AFS. Examples: a participant's driving a car (see Condition 14), is cause for an early return to the home country; a participant's abuse of alcoholic beverages, or use or involvement with drugs for non-medicinal purposes (see Condition 18) are cause for an early return to the home country.

Information about a participant on a social media or other public websites about activities such as driving, involvement with the use of drugs for non-medicinal purposes, or other dangerous behaviors may also be cause for an early return. Violating host-country travel policies or other policies established for a participant's safety may also be cause for an early return to the home country.

- c) If a participant, with or without our agreement, decides not to complete the AFS program he or she will be released from the program and will not be permitted to remain in the hosting country. We understand that program services will be forfeited for the remainder of the program period, including domestic transportation to the international point of departure. The participant will be provided by AFS with a ticket for immediate return to the participant's home country excluding domestic transportation to the international point of departure. Transportation will not be subject to substitution or postponement.
- d) AFS reserves the right to terminate an individual's participation and to return the individual home early if he or she develops or is already in a physical, medical, or psychological condition that in AFS' judgment substantially interferes with his or her continued participation in the AFS program responsibilities, or if in the opinion of medical professional(s) the patient should be returned to their home country for ongoing treatment and care.

We understand that the health certificate submitted with the program application must be true and complete without any errors or omissions. If there is any medical incident (including but not limited to a change in medication dosage or beginning or ending a physical or mental health treatment plan) which occurs after the application is submitted, but before departure for program participation, we will report such incident to AFS on the Health Form Addendum, for Semester and Year program participants, or in writing for summer program participants, within six weeks prior to departure. If there is any subsequent medical incident (including but not limited to a change in medication dosage or beginning or ending a physical or mental health treatment plan) we will notify AFS, in writing, prior to departure. AFS reserves the right to make determinations on the suitability of a participant to take part in an AFS program and reserves the right to cancel program participation prior to departure when in the sole judgment of AFS program participation would not be in the best interest of the participant or AFS. We understand that errors and omissions on the health certificate will jeopardize the participant's placement and may result in termination of an individual's participation prior to departure and/or return to the home country.

It is understood that in situations such as illustrated by these examples, the Program Tuition is non-refundable. Furthermore, that in connection with any early return decision, AFS reserves the right to replace the return portion of the international travel ticket with a one-way ticket of limited time duration to the home country.

#### TRANSPORTATION AND TRAVEL ARRANGEMENTS

20. We understand that participation is assigned for one AFS program and that participants will remain in their host community for the duration of the program and will not leave prior to conclusion of the program, nor travel between home and host community during the program. It is understood that participants will return to their home country at the conclusion of the program.
21. We agree to pay for travel arrangements and assume costs incurred between home and the points of departure and return within the home country, as established by AFS. We also understand that immigration laws impose restrictions and obligations on participants and program sponsors and that AFS is obliged in many host countries, for different reasons, not to allow participants to remain in the host country after release from or termination of the program, and, therefore, requires standardized travel arrangements ensuring that participants depart the host country once the program concludes. We understand and agree that participants being hosted in one of these countries must return home promptly at the end of their participation in the program.

22. We agree to abide by the departure and return dates, travel arrangements, modes of travel and itinerary determined by AFS or appointed agent of AFS to and from the hosting country. We understand that failure to abide by such dates and arrangements will result in forfeiture of program services (to include transit assistance).

AFS will consider changes to the return portion of the international travel in exceptional cases, but cannot guarantee that requested changes can be accommodated. A minimum fee of \$500, or the actual cost of the change, whichever is greater, will be charged for any such changes.

23. We agree to reimburse AFS for any additional travel or other costs incurred because a participant fails to comply with document requirements, pertinent travel conditions, and responsibilities or because of inappropriate action on the part of the participant.
24. We understand and agree to the following terms concerning transportation:

#### **RESPONSIBILITY**

In the selection of carriers (land, sea and air transportation) by AFS every reasonable effort will be made to ensure that the carriers selected meet the standards of competence prevalent in the local community.

When AFS arranges transport for participants, AFS is not responsible or liable for any loss, damage, or injury to property or person resulting from the provision of travel services or transport.

#### **CHANGES AND CANCELLATION**

All dates, times, itineraries, and carriers are subject to change and AFS is not responsible for any inconvenience or damage by adjustment of travel schedules.

#### **BAGGAGE AND PERSONAL PROPERTY**

AFS has no liability for loss or damage to baggage or other personal property. Furthermore, any claim filed with a carrier for damage or loss of property will be limited and subject to the terms of the ticket(s) or contract of carriage issued to the participant by the airline or other purveyor of transport.

Any incidental airline fees which are not part of the ticket, such as but not limited to baggage fees, are the responsibility of the participant.

### **MEDICAL SUPPORT**

25. AFS has secured secondary travel medical insurance. This insurance applies to all covered medical expenses incurred by participants up to US \$1,000,000 per occurrence, provided that the services occur between the time the participant arrives at the international departure site and the time of departure from the program or return to the home country, whichever comes first. This travel medical insurance does not pay for the medical expenses incurred after participants return home (except to the extent detailed in the Medical Pamphlet), whether or not such expenses are related to the conditions arising during participation in the AFS program. We understand that, since AFS coverage is secondary AFS may seek reimbursement from the participant's primary insurer.

Please refer to the Medical Pamphlet for the terms and conditions of coverage.

We understand that AFS strongly encourages participants to arrange private health and accident insurance if the participant is not already covered under a national health and accident insurance plan.

26. We understand that AFS is not responsible for costs related to pre-existing medical conditions, preventive medication or immunization, dental care, eyeglasses, contact lenses, routine eye exams, cosmetic or elective surgery no matter when medical services are rendered or cost incurred. . A pre-existing condition is one for which treatment has been sought or provided during the 18 month period prior to the participant's arrival at the international departure site. We understand that if the participant needs such care, we may be contacted directly by our child or his or her host family requesting authorization for the procedure and funds for payment, and that we will forward the necessary funds directly to our child or his or her host family. We understand that the participant is fully responsible for the transport and care of any equipment and medication supplies required for maintenance of any medical pre-existing conditions. We will not hold AFS accountable for medical care treatment pertaining to pre-existing conditions. We agree to reimburse AFS should it incur expenses pertaining to any of the above mentioned circumstances.
27. Final determination of medical care and treatment is the decision of the parent(s)/ legal guardian(s); however, AFS medical insurance will only provide reimbursement of covered expenses incurred while in the hosting country upon the recommendation of the attending physician (see Condition 19d). Concerning medical care and treatment we understand and accept the following conditions:
- In the selection of medical care providers, every reasonable effort will be made to ensure that the care providers selected meet the standards of competence prevalent in the local hosting community. We understand that the laws of confidentiality and medical practice procedures in some countries may restrict AFS access to medical records and documentation regarding treatment of our son or daughter.
  - Should any medical emergency arise, if time permits, AFS will communicate with us through the AFS-USA Regional Service Center and request permission for surgery or other necessary treatment; however, if in the sole judgment of AFS, time and circumstances do not permit communication with us, we authorize AFS to consent to medical treatment, the administration of X-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon.  
  
We further recognize that in extreme emergencies medical actions such as, but not limited to, x-rays, blood transfusions, surgery, may be taken before we or AFS are notified if medical personnel determine such actions are necessary to save our child's life.
  - Should the attending physicians recommend medical evacuation, once the participant leaves the host country and arrives in the receiving facility, AFS medical expense insurance ceases, in accordance with these Terms and Conditions of Participation.
  - We will not hold AFS responsible for any actions relating to the emergency treatment.

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**CONFIDENTIALITY**

28. Privacy of personal and sensitive information is a primary concern of AFS. We understand and accept that AFS may process the personal and sensitive information that we have provided here, in the application process, and during program participation, and may transmit such data to third parties for any purpose reasonably required for the proper organization, and fulfillment of the AFS Program. We understand and accept that AFS may further transmit such data to governmental agencies when AFS believes it is reasonable and necessary. We understand that the data will not be sold or otherwise transferred to third parties for any purpose. AFS will transfer and store personal data in central databases in at least two locations to ensure that the data is not lost. Currently those locations are in New York, USA and Bangkok, Thailand. Those databases have a restricted access, which is limited to AFS employees, consultants and volunteers, all of whom will use the information exclusively for the fulfillment of the AFS program.

AFS maintains information on participants and other individuals related to AFS during the program participation that may include personal data of more than one individual related to AFS. In addition, information shared internally among individuals related to AFS regarding participant support may also be confidential to AFS. This information is the property of AFS and will be retained by AFS as confidential, because it is likely that the suitable implementation of AFS programs would be markedly hindered if this information were not retained by AFS as confidential.

- 29. This Agreement, along with the AFS application forms, the Host Country Activity Waiver and the AFS Medical Pamphlet, comprise the entire Agreement of the parties.
- 30. I / We hereby certify that all answers provided in the participant application form are truthful; any changes in information will be reported promptly to AFS.
- 31. It is understood that AFS has no responsibility or liability for any claims for indirect or consequential damages of any kind arising from or in connection with this Agreement.
- 32. I / We understand and accept that AFS may process the personal information that we have provided here, in the application process, and during program participation, and may transmit such data to third parties for any purpose reasonably required for the proper organization and fulfillment of the AFS program. We understand that the data will not be sold or otherwise transferred to third parties for any purpose.
- 33. If any term or condition of this Agreement shall be invalid or unenforceable, it shall not affect the validity of the remaining Terms and Conditions of this Agreement.
- 34. This Agreement and claims and disputes arising there under shall be governed by the internal laws of the State of New York, United States of America.

**Both parents, or legal guardian(s) and participant must sign this form. If the parents are divorced and the non-custodial parent does not have visitation rights, then only the parent of custody must sign. If the non-custodial parent has visitation rights, both parents must sign.**

**Note: If only one signature of parent/guardian is provided, proof of sole custody must accompany this form**

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CANDIDATE: PRINT FULL NAME (First/Middle/Last)      SIGNATURE      DATE (mm/dd/yyyy)

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PARENT/LEGAL GUARDIAN: PRINT FULL NAME      SIGNATURE      DATE (mm/dd/yyyy)

---

PARENT/LEGAL GUARDIAN: PRINT FULL NAME      SIGNATURE      DATE (mm/dd/yyyy)

**For AFS-USA, Inc.:**



Jorge Castro, President and Partner Director, AFS-USA, INC.

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**For AFS Intercultural Programs, Inc.:**



Jorge Castro, President and Partner Director, AFS Intercultural Programs, INC.

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## Payment Schedule

<b>Payment:</b>	<b>Spring Programs:</b>	<b>Short Summer Programs:</b>	<b>Fall Programs:</b>
\$75 application fee	With your preliminary application	With your preliminary application	With your preliminary application
\$900 tuition deposit	Upon submission of your full application	Upon submission of your full application	Upon submission of your full application
\$1,500 installment	By November 1st or within 20 days of receipt of your invoice, whichever comes later.	By March 1st or within 20 days of receipt of your invoice, whichever comes later.	By April 1st or within 20 days of receipt of your invoice, whichever comes later.
Remaining balance	By December 1st or upon receipt of your invoice, whichever comes later.	By April 1st or upon receipt of your invoice, whichever comes later.	By May 2nd or upon receipt of your invoice, whichever comes later.



## Letter of Recommendation

### INSTRUCTIONS TO CANDIDATE

Please give this form to an academic subject teacher or school counselor who can best discuss your qualifications for AFS.

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Student's first name

Last name

Date

### INSTRUCTIONS TO EDUCATOR

The above student is applying to study abroad with AFS Intercultural Programs. Please write a letter of recommendation discussing your student, responding to these questions as applicable:

1. How does this student compare to others with whom you have worked? What are his/her strengths?
2. What types of leadership skills does this student exhibit, and in what capacity?
3. Describe this student's commitment to community service.

Thank you for taking the time to tell us about this candidate. Your evaluation will be a significant part of his/her application.

Please note that this Letter of Recommendation will not be kept confidential. The student will have access to read and review the letter in their online application. Should the letter be provided in a sealed envelope, AFS will ask that the student open the envelope.

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**Please return your letter to your student so that it may be added to his/her AFS application.**



## ACADEMIC COMMITMENT STATEMENT for High School Graduates

I, \_\_\_\_\_, fully understand that AFS is a **family** and **school** program. It will be my main concern to integrate myself into these aspects of the program.

AFS is an academically-based, experiential learning and cultural immersion program. Therefore it is essential that I make it a priority to become an integral and participating member of my host family, community, and school - regardless of my age, family structure, or habits in my home country.

While abroad, I will be enrolled in a local secondary school and will be expected to attend school daily and to actively participate in class and in extra-curricular activities. I am aware that it will be challenging but I am committed to applying myself to the best of my ability.

Although I will have graduated high school in my home country, I will be attending a host school and will be participating actively in class while abroad. I am aware that I will most likely attend classes with younger classmates and will be enrolled in a grade level that I have already completed. Regardless, I intend to participate in school as it is compulsory.

We, the undersigned, understand the importance of school attendance as an obligation in the AFS Program and as an important part of the AFS experience. We also understand that AFS may terminate participation in the program if the school obligation is not met.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



Connecting Lives, Sharing Cultures.

## ACADEMIC COMMITMENT STATEMENT

I, \_\_\_\_\_, fully understand that AFS is a **family** and **school** program. It will be my main concern to fully integrate myself into these aspects of the program.

AFS is an academically-based, experiential learning and cultural immersion program. Therefore it is essential that I make it a priority to become an integral and participating member of my host family, community, and school - regardless of my age, family structure, or habits in my home country.

While abroad, I will be enrolled in a local secondary school and will be expected to attend school daily and to actively participate in class and in extra-curricular activities. I am aware that it will be challenging but I am committed to applying myself to the best of my ability.

I recognize that I am at or below the 2.8 out of 4.0 Grade Point Average requirement for AFS general acceptance and recognize that I will have to work very hard, stay focused on class, and give my best effort in school while on program with AFS.

We, the undersigned, understand the importance of school attendance and active participation in class and host school activities. This is an obligatory aspect of the AFS program and an integral part of the AFS experience. We understand that AFS may terminate participation in the program if the school obligation is not met.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



Connecting Lives, Sharing Cultures.

## **ACADEMIC COMMITMENT STATEMENT for homeschooled students**

I, \_\_\_\_\_, fully understand that AFS is a **family** and **school** program. It will be my main concern to integrate myself into these aspects of the program.

AFS is an academically-based, experiential learning and cultural immersion program. Therefore it is essential that I make it a priority to become an integral and participating member of my host family, community, and school - regardless of my age, family structure, or habits in my home country.

While abroad, I will be enrolled in a local secondary school and will be expected to attend school daily and to actively participate in class and in extra-curricular activities. I am aware that it will be challenging but I am committed to applying myself to the best of my ability.

Though I am accustomed to attending "homeschool" in my home country, when I travel abroad with AFS, I understand that I will be attending a host high school in the greater host community. I plan to work hard, stay focused on class, and give my best effort in school while on program with AFS.

We, the undersigned, understand the importance of school attendance as an obligation in the AFS Program and as an important part of the AFS experience. We also understand that AFS may terminate participation in the program if the school obligation is not met.

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

## Dietary Restriction Addendum Form

I understand that food is a significant aspect of any culture and it is important that AFS students demonstrate courtesy and respect for the hospitality of their host family by participating in meals and, as much as possible, by consuming the same dishes eaten by their host families. With this in mind, I have disclosed my dietary restrictions below (please check and circle below):

- |                 |                                   |                                               |          |         |                 |
|-----------------|-----------------------------------|-----------------------------------------------|----------|---------|-----------------|
| <b>Dairy:</b>   | <input type="checkbox"/> Will Eat | <input type="checkbox"/> Will not eat due to: | Religion | Allergy | Moral Objection |
| <b>Eggs:</b>    | <input type="checkbox"/> Will Eat | <input type="checkbox"/> Will not eat due to: | Religion | Allergy | Moral Objection |
| <b>Fish:</b>    | <input type="checkbox"/> Will Eat | <input type="checkbox"/> Will not eat due to: | Religion | Allergy | Moral Objection |
| <b>Poultry:</b> | <input type="checkbox"/> Will Eat | <input type="checkbox"/> Will not eat due to: | Religion | Allergy | Moral Objection |
| <b>Beef:</b>    | <input type="checkbox"/> Will Eat | <input type="checkbox"/> Will not eat due to: | Religion | Allergy | Moral Objection |
| <b>Pork:</b>    | <input type="checkbox"/> Will Eat | <input type="checkbox"/> Will not eat due to: | Religion | Allergy | Moral Objection |

Comments/Further Explanation (Can you eat foods cooked with or touching the items marked as “cannot eat” above? Can you eat items containing meat broth or stock?). Please provide an additional statement explaining any foods marked “Will not eat due to: Religion/Allergy/Moral Objection”.

As the participant, I understand that it is advised that I prepare for a transition in my diet before my departure. I also understand that my host country may base the acceptance or non-acceptance of my application in part upon my dietary restrictions.

I understand that my obligation to eat the foods marked “will eat” extends throughout the entirety of the program and any decision not to adhere to this commitment while on program could negatively impact my relationship with my host family and result in the termination of my stay.

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Candidate’s Signature

Date

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Parent’s/Legal Guardian’s Signature

Date

## Dietary Commitment Form

I, the undersigned, understand that food is one of the most important cultural traits in any host country. Diet is a significant aspect of culture immersion and it is important that AFS students share the host family's meals as a matter of courtesy and respect for their hospitality. For that reason, the host country may base the acceptance of my application in part upon my agreement to eat meat.

**I intend to fully participate in family meals by eating the same food as my host family including beef, pork, poultry, fish, dairy, and eggs.** I understand that I should prepare for this transition in my diet and will do so before my departure.

I understand that my obligation to eat meat extends throughout the entirety of the program and any decision not to adhere to this commitment while on program could negatively impact my relationship with my host family and result in the termination of my stay.

The signatures below indicate our understanding and acceptance of this dietary commitment.

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Candidate's Signature

Date

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Parent's/Legal Guardian's Signature

Date