

Sister Cities Carleton Place, Ontario, Canada Youth Exchange Application

All sections of this application must be fully completed before final acceptance into the program will be made; missing information will delay your acceptance. Please type or print using black or blue ink. Do not use pencil. All pages requiring a signature must be signed. Also, please note that a face to face interview will be required.

Last Name: _____ Sex: F M Age : ____
First Name: _____ Nickname: _____
Address: _____ Email: _____
City: _____ Province: _____ Postal Zone/Code: _____
Country: _____ Home Telephone No: _____ Fax: _____
Country of Legal Residence: _____ Citizenship: _____
Birth Date: ____ / ____ / ____ City of Birth: _____ Country of Birth: _____
Day Month Year

High School: _____ Current Grade Level _____

Father's Last Name: _____ First name: _____
Occupation: _____ Business Tel: _____

Mother's Last Name: _____ First Name: _____
Occupation: _____ Business Tel: _____

Student lives with: Both Parents Mother Only Father Only Other: _____

Parents are: Married Separated Divorced Other: _____

Other Family Members

Name	Sex	Age	Relationship	Grade level
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

II. INTERESTS AND HOBBIES — *To Be Completed By Student*

1. List some of your favorite hobbies:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. List all school, extracurricular activities and/or sports in which you have participated. Start with the most recent:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. List all awards or outstanding achievements you've received in the activities listed above:

<i>Award Received</i>	<i>Reason for Receiving</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4. Describe yourself in three words:

5. List all community service projects you've participated in:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. Do you intend to continue your education upon completion of secondary school? Yes No

- If yes, where?

- What do you intend to study?

- What are your future career plans?

7. If you were stranded on an island and could only bring three movies, which would you bring?

8. List any religious affiliation/denomination:

Religious Participation: ___Regular ___Occasional ___Never

9. Do you drive? ___Yes ___No

Do you own a car? ___Yes ___No

10. Many host families have pets and you will be expected to adjust living with them. Are there any medical concerns we should be aware of regarding pets? If yes, please explain:

11. Do you have any allergies?
 Yes No If yes, please explain:

12. Do you follow a special diet? (i.e. vegetarian, vegan)
 Yes No If yes, please explain:

11. What music is in your favorite playlist right now?

VI. SHORT ESSAYS — *To Be Completed by Student*

Please answer all of the following questions with complete sentences. Your answers to these questions will be read by your Host Family and Sister Cities staff. You may use a separate sheet of paper if you wish.

- Why do you want to be an exchange student? _____

- How will you use this experience in the future? _____

- Describe your family, home, school, and pets. _____

- Describe your relationship with members of your family and friends. _____

- How do your parents feel about your decision to apply to become an exchange student?

- Describe three of your character strengths. _____

- Describe why you think that community service is important and what individuals can gain from participating in community service projects. _____

VII. STATEMENT OF HEALTH — *To Be Completed by Parents*

Student Name: _____ Birthdate: _____ / _____ / _____
 Day Month Year

- Has the student ever had any of the following? If yes, give dates of illness and detailed information regarding any impairment in the space provided below.

	<u>YES</u>	<u>NO</u>	<u>DATE</u>		<u>YES</u>	<u>NO</u>	<u>DATE</u>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	_____	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Measles	<input type="checkbox"/>	<input type="checkbox"/>	_____	Asthma	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	_____	Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Cough (Persistent)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	_____	Enuresis	<input type="checkbox"/>	<input type="checkbox"/>	_____
Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>	_____	Goiter (Struma)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Malaria	<input type="checkbox"/>	<input type="checkbox"/>	_____	Headache	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	_____	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Type _____ Is the student a carrier?			_____	Vertigo, Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parasites	<input type="checkbox"/>	<input type="checkbox"/>	_____	Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>	_____				

- Has the student experienced disease, impairment or abnormality of any of the following?

Abdominal Organs	<input type="checkbox"/>	<input type="checkbox"/>	_____	Genito-Urinary System	<input type="checkbox"/>	<input type="checkbox"/>	_____
Bones, Joints	<input type="checkbox"/>	<input type="checkbox"/>	_____	Heart or Blood Vessels	<input type="checkbox"/>	<input type="checkbox"/>	_____
Blood, Endocrine Sys.	<input type="checkbox"/>	<input type="checkbox"/>	_____	Lungs, Respiratory System	<input type="checkbox"/>	<input type="checkbox"/>	_____
Brain, Nervous System	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Ears or Hearing	<input type="checkbox"/>	<input type="checkbox"/>	_____	Tonsils, Nose or Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	_____				

• Additional Comments, if yes to above: _____

• Does student have any allergies? Yes No If yes, please describe. _____

• Can allergies be controlled with medication? Yes No

• Is student currently using any prescription drugs and/or medication? Yes No If yes,
give details and list specific drugs being used. _____

MEDICAL RELEASE AUTHORIZATION:

I hereby authorize Sister Cities and the host parents, without liability or expense to themselves, to take whatever action they deem appropriate with regard to my son's or daughter's health and safety. They may place my son or daughter in a hospital for medical services and treatment or, if no hospital is readily available, may place them in the hands of a local medical doctor for treatment. I also authorize any physician to release any information acquired in the course of examination or treatment. I certify that the above information is correct to best of my knowledge. This authorization shall be valid for the entire duration of the program.

Parent/Guardian Name & Signature: _____ Date: _____

Emergency Contact Telephone Number: _____ Fax Number: _____

PROGRAM AGREEMENT

Must be completed by Student and Parents

Sister Cities, its agents, affiliates, officers, directors, staff, regional and local representatives and the undersigned parent(s) or legal guardian(s) ("Parents") and student ("Student"), understand and agree to the terms and conditions stated in this Program Agreement ("Agreement") relating to Student's participation in student exchange program ("Program"). Parents and Student are referred to collectively as the Participants ("Participants"). Adults(s) and their resident children who volunteer to host a student for the Program term are referred to as the Host Family ("Host Family"). The Student's Program whether taking place in the United States or in Canada will be referred to as the Host Country ("Host Country").

A. Admission: Sister Cities considers information included in the Student's application packet in determining acceptance into the program.

B. Placement: Sister Cities has the sole discretion to determine whether the Student will be admitted into the Program and such determination is final.

C. Living Expenses: Parents agree to provide the Student with a sufficient amount of spending money to cover personal expenses and incidentals during the Program so as not to be a burden on the Host Family. Parents agree to cover the requested cost of transportation unless financial assistance has been arranged.

D. Rules for Students:

Rule 1: Host Family Regulations: Students must obey host family regulations including to curfew, household chores, dating, contact with home, computer and phone privileges (including personal laptops and cell phones). Students are responsible to cover the costs of all long distance and international telephone calls they incur. Students may not have guests in the host family's home without their host family's consent and supervision.

Rule 2: Local, State and National Laws: Students are subject to the authority and laws of their Host Country and must obey all national, state and local laws and regulations. Exchange students are not exempt from prosecution. Participants agree to hold Sister Cities blameless for any or all consequences that may result from the student breaking the law of the land. Students who break the law can be dismissed from the Sister Cities Youth Exchange program.

Rule 3: Drugs: The use or possession of non-prescription drugs or controlled substances is illegal. Students may use only those drugs prescribed by their doctor (or patent medicines available over the counter in the Host Country). Use of illegal drugs is grounds for dismissal from the program. Exchange students arrested for drug use or possession will face the same penalties as citizens of the Host Country including mandatory fines, prison terms or severe penalties and will be immediately dismissed from the program.

Rule 5: Drinking and Smoking: Students may not drink or purchase alcoholic beverages including beer and wine. Arrest and stiff fines may result from violating this law and possible dismissal from the program. Students are not allowed to smoke.

E. Insurance: All Students are required to have insurance in effect for the duration of the program covering sickness and accident.

F. Health Care Treatment: Sister Cities will normally consult with Parents before authorizing any medical care for a Student. However, a situation requiring immediate attention could conceivably occur. In such a case the Participants consent and authorize Sister Cities or adult Host Family member to obtain without obligation, and at their discretion, any necessary medical, dental, surgical, psychological, psychiatric or hospital care, prescribed by a health care authority, for the immediate welfare of the Student. The Parents authorize the health care provider to release the Student to Sister Cities or adult Host Family member and to release all health care records relating to the Student to Sister Cities.

G. Legal Proceeding: Participants consent and authorize Sister Cities to pursue or defend any legal proceeding regarding the Student during the Program, costs to be reimbursed by Parent(s). However, Sister Cities or any adult Host Family member is not obligated to pursue or defend any such legal action or proceedings. The Participants authorize any court, law enforcement agency, or any other government agency to release the Student to Sister Cities in the event that the Student is detained or held by any such entity.

J. Use of Student's Name and Likeness: Participants consent and authorize Sister Cities to use the Student's name, photograph, file or video likeness of Student or any comments or statements of Student in materials or publications to promote the Program.

K. Problem Notification and Resolution: Sister Cities provides ongoing support of all Students. It is the responsibility of the Student to advise Sister Cities of any significant problems, such as concerns about health or safety.

L. General Release and Hold Harmless Provisions: As a condition of Student's participation in the Program, the Participants agrees to release and hold Sister Cities harmless for injury, loss, delay, or any damage and expense incurred by the Student due to: (i) any incident beyond Sister Cities reasonable control, including, without limitation, acts of Nature, crimes of violence, acts of war, or government actions and restrictions; (ii) any events directly or indirectly caused by intentional or negligent acts or omissions by any third party, including but not limited to any member, guest, employee or agent of the Host Family or any other persons in the host country; (iii) risks associated with foreign travel and living abroad, including but not limited to risks associated with health care, sanitation, transportation, crime, justice, legal systems, customs, and values; (iv) any differences in the living conditions and standards between Student's home and home country and the host home and Host Country; and (v) any act or omission of Sister Cities.

M. Indemnification: As a further condition of Student's participation in the Program, the Participants agree to indemnify and hold Sister Cities harmless from any liability or expense, including court costs and attorney's fees, resulting from any injury, loss or any other damage or expense caused by the Student during his/her participation in the Program.

N. Ratification of Contract: In the event the Student is under the age of 18 at the time of execution of this Agreement, and the Student attains 18 years of age while participating in the Program, the Student agrees that continued participation in the Program after he/she attains 18 is deemed a ratification and adoption of all the terms and conditions of this Agreement.

O. Modification: This Agreement shall not be modified except by a writing that is executed by all parties hereto.

P. Severability: In the event any clause, sentence, term or provision of this Agreement shall be held by any court of competent jurisdiction to be illegal, invalid or unenforceable for any reason, the remaining portions of this Agreement shall remain in full force and effect.

Q. Permission to Travel: By my signature below, I am giving permission for my child to travel from Carleton Place, Onatrio to Franklin, Tennessee or Comrie Scotland and back with the chaperone(s) designated by the Sister City Committee.

Signatures: We have read and fully understand the program materials and agree to adhere to the Rules for Students and the Program Agreement and Consent Agreements.

Sister Cities Representative, Title

Student, Full Name

Signature

Date

Signature

Date

Mother/Guardian, Full Name

Father/Guardian, Full Name

Signature

Date

Signature

Date