

IN-Japan Chaperone Application

PARTICIPANT

Full Name _____ Name you _____
first middle last prefer to be called

Address _____ Sex _____ Age _____
Street/Box F/M As of June 10

_____ Date of Birth _____
City State/Province Zip/Postal Code Month/Day/Year

Phone (_____) _____ Email _____
Area Code Please Print Neatly

Cell (_____) _____ Spouse's Email _____
Area Code Please Print Neatly

Fax (_____) _____ Emergency Contact (_____) _____
Area Code Area Code (If spouse unavailable)

Occupation _____

FAMILY INFORMATION

Spouse's Name _____ Age _____

Occupation _____ Work Phone (_____) _____

Name and Age of daughter(s) _____

Name and Age of son(s) _____

HEALTH INFORMATION

Note: You must also complete the attached Medical Form

List any allergies, dietary restrictions or other health conditions _____

HOBBIES AND INTERESTS

What are you hobbies and interests? _____

HOST FAMILY REQUESTS

Labo will do their best to honor your host family requests, but the host family's convenience and the demands of the exchange program may necessitate placing you in different locations. Chaperones are generally assigned to two homestays. If you would prefer to stay with only one family, please note below:

- Any host family** assigned to me will be acceptable
- If possible, I request to stay with only **one host family**
- I request to be hosted by:**

Name _____

Name _____

Address _____

Address _____

Phone _____

Phone _____

How do you know these families?

If your requested host is unable to host you:

- Another family will be acceptable
- Place me near my requested host so I can possibly visit them
- Other requests (location, etc.) _____

REFERENCES

Please list two people (not relatives) who can be contacted for a personal reference

Name _____

Name _____

Address _____

Address _____

Phone (____) _____

Phone (____) _____

Relationship _____

Relationship _____

EXPERIENCE WORKING WITH YOUTH

Describe your experiences working with young people, especially any chaperoning experiences you have had.

INTERNATIONAL TRAVEL AND HOSTING EXPERIENCE *(Other than Labo)*

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

T-Shirt Size: (For Group T-Shirt) Small Medium Large Extra-Large

<p>I understand the objectives of the IN-JAPAN Labo Homestay Exchange Program and agree to abide by the rules of the program</p>	
<p>Applicant's Signature</p>	<p>Date</p>
<p>Coordinator Signature (if applicable)</p>	<p>Date</p>

MEDICAL FORM

参加者名 (ローマ字) _____ 生年月
 Participant's Name: _____ Date of Birth: _____
Month/Day/Year

I hereby authorize the representatives of the Labo International Exchange Foundation, the Labo Teaching Information Center, and the families assigned as my child's hosts, to make arrangements for his/her welfare, including transportation in the event of an emergency, and for whatever emergency medical care may be deemed necessary for my child's welfare (should he/she be incapacitated to make their own decision), while participating in this program.

 Signature of parent or legal guardian: 署名 _____ Date: (Month/Day/Year) 日付

In case of emergency notify: Name _____ Telephone: _____
 緊急連絡先 名前 電話

Relationship to participant: _____
 参加者との関係

1. Inoculation History

Vaccine 予防接種	Number 回数	Date of injection 接種 した年月日	Vaccinated by/at 接種した施設	Contracted or not? かかった有無	Date contracted (M/D/Y) かかった年月日
Measles はしか	1st			Yes / No	
	2nd				
Mumps おたふくかぜ	1st			Yes / No	
	2nd				
Rubella 風疹	1st			Yes / No	
	2nd				
Chickenpox 水ぼうそう				Yes / No	
Polio (OPV) 小児麻痺	1st			Yes / No	
	2nd				
	3rd				
	4th				
DPT (三種混合) Diphtheria ジフテリア Pertussis 百日咳 Tetanus 破傷風	1st			Yes / No	
	2nd				
	3rd				
	4th				
	5th				
Tuberculosis ツベルクリン反応の検査	Yes No				
Vaccine type for TB (BCG 接種の有無)	Yes No				
Hepatitis B B型肝炎	1st				
	2nd				
	3rd				
Others その他					

2. Are you subject to any of the following? If YES, please explain condition and/or frequency.

下記の病気や症状がありますか？

	Condition/Frequency 症状/頻度
Asthma/Respiratory Problems 喘息 / 呼吸器系障害	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Diabetes/Hypoglycemia 糖尿病 / 低血糖症	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Heart Trouble 心臓疾患	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Lung Trouble 肺疾患	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Fainting Spells 失神	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Convulsions けいれん発作	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Epilepsy てんかん	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Skin Disease 皮膚疾患	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Kidney/Gall Bladder/Liver Disease 腎臓 / たんのう / 肝臓疾患	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Muscular/Skeletal Problem 筋肉/骨格の障害	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Emotional or Mental Disorder 情緒/精神的な障害	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Stomach/Intestinal Problem 胃腸障害	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Any Other Disorder (Please list and explain) その他の疾患及び障害	_____

3. Do you have any allergies or reactions to drugs or non-drug items?

アレルギー、薬品の副作用について

• **Medicines:** 薬品に関するアレルギー

Penicillin or Related Drugs: (ペニシリン系薬品) Yes No

Aminopyrine or Sulpyrine Type Drug: (ピリン系薬品) Yes No

Others: その他の薬品 : _____

• **Non-Drug Items:** 薬品以外のアレルギー

Bees Pollen Dogs Cats Small Animals
 蜂 花粉 犬の毛 ネコの毛 小動物の毛

Food 食品 : _____

4. Do you have difficulties with any of the following?

下記の障害や、健康上注意を要する点がありますか？あれば、注意書きも書き添えて下さい。

Eyes (視力等、目の障害)	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Uses Contact Lenses (コンタクトレンズ使用)	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Ears (聴力等、耳の障害)	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Nose (鼻の障害)	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Throat (咽喉障害)	Yes <input type="checkbox"/> No <input type="checkbox"/> _____
Digestion (消化障害)	Yes <input type="checkbox"/> No <input type="checkbox"/> _____

Sleepwalking (夢遊病) Yes No _____
 Bed-Wetting (夜尿症) Yes No _____
 Menstrual Problems (生理障害) Yes No _____
 Any other medical difficulties: (Please list) _____
 その他の障害

• Any surgical operations, accidents, or injuries, which required hospitalization in the past?
 Yes No Explain: _____
 過去に手術、事故、怪我などで入院したことがありますか。あれば病名、症状をお知らせ下さい。

• Any recent exposure to a contagious disease?
 Yes No Explain: _____
 最近感染症にかかりましたか。あれば病名、症状をお知らせください。

• If you are carrying medicines/prescriptions, fill in the following. Put "P" for prescriptions.
 携帯する薬をお知らせ下さい。(医師から処方されたものには'P'と書き添えてください)

Name of medicine 薬品名	For what illness/symptoms 病名・ 症状	Dosage/Times taken 服用量・ 回数
_____	_____	_____
_____	_____	_____
_____	_____	_____

• Are there any physical activities that you are restricted from doing? If YES, please list.
 Yes No If so, what kind? _____
 健康上制限されている行動がありますか。ある場合お知らせ下さい。

• Any additional information Labo and your host families should be aware of?
 Yes No Explain: _____
 ラボやホストが知っておいた方がよい健康上の問題がありますか？

• Are you currently under a doctor's care?
 Yes No Explain: _____
 現在通院していますか。いる場合、何の症状で通院されているかお知らせください。

I certify that all medical information has been included and that the above information is complete and accurate: 記載した情報に相違ありません。

 Signature of parent or legal guardian 署名

 Date 日付

 Signature of participant 署名

 Date 日付

SELF-INTRODUCTION

Use this page to introduce yourself, your family, and your community to your Japanese host family.

You may use photos, drawings, maps and so on to make this 'self-introduction' page interesting.

ESSAY

Remember that this form will be read by a Japanese family who may be unfamiliar with the English language. Please write clearly and avoid using slang.

1. What kinds of things would you like to do while you are in Japan?

Explain any goals you have for your trip to Japan.

2. How do you plan to prepare for your trip to Japan?

CHAPERONE AGREEMENT

I recognize that this is a national program, and that I am the chaperone for participants from my own state as well as other states. I am aware that my performance in the role of chaperone could have a significant impact on the experience of the students under my guidance and leadership. I pledge to cooperate and prepare in every way possible to make this exchange a rewarding and positive experience for both the Japanese and U.S./Canadian participants.

I AGREE TO:

1. Become familiar with exchange procedure and policies.
2. Become acquainted with each participant before the exchange by correspondence and/or in person.
3. Assist in facilitating the needs of the exchange, such as application packets, passports, evaluations, financial management, etc. as requested by the Labo Exchange Association or the Outbound Coordinator .
4. Demonstrate responsible behavior and culturally sensitive attitudes, and serve as a role model for the youth.
5. Counsel participants during all phases of the exchange program, and upon their return to their home country, to analyze and understand their experience.
6. Counsel participants regarding culture shock, homesickness, and other issues.
7. Be available to respond to safety, health, and welfare concerns of participants.
8. Enforce the Student Agreement, if possible in consultation with the Labo Exchange Association and the Japanese Organizations.
9. Participate in all exchange activities, including meetings in my state, the outbound orientation and all activities in Japan, including camp.
10. Work with all parties to assure success of the exchange.
11. To follow the NEH Outbound Coordinator's instructions regarding periodic updates during the homestay, submitting reports after returning to the USA, etc.

**I UNDERSTAND the expectations of chaperones for the
Labo Exchange Program and will abide by this agreement:**

Chaperone: _____ Date _____

Labo In-Japan Program Travel Insurance Form

Check the program(s) in which you are participating

Nihongo Exchange

Month-Long Exchange

Chaperones traveling on these exchanges are responsible for all medical expenses incurred during the exchange trip. Therefore, it is a requirement that the chaperone has out-of-country hospital/medical insurance during the exchange.

I, _____ accept full responsibility for all medical expenses incurred by me during the Labo Exchange Program.

Signature _____ Date _____

Do you wish to purchase medical insurance with your airline ticket? yes no

If you do not purchase this insurance through the travel agent, indicate the agency where you have medical insurance coverage and your insurance number below.

Medical Insurance Company _____

Insurance Number _____

Cancellation insurance is recommended by the travel agent.

Do you wish to purchase cancellation insurance from the travel agent? yes no

CONFIDENTIAL REFERENCE

Please return this form to:

Labo International Exchange
2110 L St. #210
Sacramento, CA 95816
Phone: 916-400-4041
Fax: 916-376-7515

Applicant's Name _____

State _____

The individual named above has applied for participation in
In-Japan Summer Homestay Program (1-2 months in Japan)

Your thoughtful evaluation of the applicant's ability to assume this role will be appreciated. Please send the completed form and any other materials to the Exchange Coordinator listed in the upper right-hand corner. All information is confidential. *Thank you for providing this reference*

Interpersonal Relations: As you observe this applicant in relation to other people, is he/she usually:

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments
Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	_____
Looked to for guidance	<input type="checkbox"/>	<input type="checkbox"/>	_____
Respectful	<input type="checkbox"/>	<input type="checkbox"/>	_____
Outgoing	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sensitive towards others	<input type="checkbox"/>	<input type="checkbox"/>	_____

How does the applicant react to:

- Physical discomfort: _____
- Stress/Pressure: _____
- Sudden changes in schedule: _____
- Awkward and embarrassing situations: _____

In comparison with others, how would you rate the applicant in the following areas:

	Below Average	Average	Above Average	Top 10%
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiam/Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Honor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this applicant for participation? Yes No

Additional Comments: (Use the back of this page if necessary) _____

Signature _____ Date _____

Title _____ Telephone (____) _____

Relationship to Applicant _____

CONFIDENTIAL REFERENCE

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2110 L St. #210
Sacramento, CA 95816
Phone: 916-400-4041
Fax: 916-376-7515

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			Comments
Cooperative	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Looked to for guidance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Respectful	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Outgoing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Sensitive towards others	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

How does the applicant react to:

Physical discomfort: _____

Stress/Pressure: _____

Sudden changes in schedule: _____

Awkward and embarrassing situations: _____

In comparison with others, how would you rate the applicant in the following areas:

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Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiam/Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Honor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you recommend this applicant for participation? Yes No

Additional Comments: (Use the back of this page if necessary) _____

Signature _____ Date _____

Title _____ Telephone (____) _____

Relationship to Applicant _____