

Outbound Application Instructions

Instruction Pages

- **Personal Information Sheet** • On the top of the first page, check for which program(s) you are applying.
 - **Medical History and Authorization** • Parent/Guardian's signature required.
 - **Self-Introduction Page** • Use photos, drawings, maps, and anything else you can think of to help introduce yourself, your family, and your community to your host family.
 - **Essay Page** • You may attach essays on separate pages if desired.
 - **Participant Agreement** • Student's and Parent's signatures required.
 - **Scholarship Explanation and Application**
-
- The completed Application Packet and a check for \$100 are due to **Mrs. Gina Iadarola** by February 1
 - The check should be made out to : **Gina Iadarola**
 - Late applications may result in higher airfare and/or delayed host family assignments.
 - The \$100 application fee is not refundable
 - The In-Japan Fee for both programs (NIHONGO and One-Month Summer Homestay) is fully refundable in case of cancellations prior to May 10. From May 10, 60% of the NIHONGO Program fee (\$612) and/or 40% of the One-Month Summer Homestay Program fee (\$600) is non-refundable. From June 10, 60% of the One-Month Summer Homestay Program fee (\$900) is non-refundable. From June 15, the entire NIHONGO Program fee is non-refundable. From July 13, the entire One-Month Summer Homestay Program fee is non-refundable.
 - Around the beginning of June (mid-May for NIHONGO participants) you will receive your Host Family Information Sheet, and travel and orientation materials.

Your cooperation in meeting deadlines is greatly appreciated.

EXCHANGE COORDINATOR

Mrs. Gina Iadarola
 Program Manager
 85 Leland Hill Rd.
 Sutton, MA 01590
 Tel: 508-865-3421

Email: laboswimmer@msn.com

LABO INTERNATIONAL EXCHANGE

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PERSONAL INFORMATION FORM

Check Program(s) Desired

One-Month Summer Homestay

NIHONGO Language Program

PARTICIPANT

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

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

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

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

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

Fax (_____) _____ Emergency Contact (_____) _____
Area Code Area Code

FAMILY INFORMATION

Mother's Name _____ Father's Name _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

Name and Age of Sister(s) _____

Name and Age of Brother(s) _____

HEALTH SUMMARY

Note: You must also complete the attached Medical Form

List any allergies, dietary restrictions or other health conditions _____

HOBBIES AND INTERESTS

What are your hobbies and interests? _____

Year in School _____ Favorite Subjects _____

HOST FAMILY REQUESTS

Any host family assigned to me will be acceptable

I request to be hosted by:

Name _____

Address _____

Phone _____ How do you know this family? _____

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

I will not travel to Japan at this time

Other requests (location, etc.) _____

OTHER INFORMATION

T-Shirt Size (circle one): S M L XL (for group T-shirt)

What city will you be flying out of? _____

REFERENCES

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

Name _____

Name _____

Address _____

Address _____

Phone (____) _____

Phone (____) _____

Relationship _____

Relationship _____

I understand the objectives of the Labo In-Japan Program and agree to abide by the rules of the program

Applicant's Signature _____

Date _____

Parent/Legal Guardian Signature _____

Date _____

Coordinator Signature (if applicable) _____

Date _____

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 I 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 not? かかった有無 | or 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 | 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. Does 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 <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Bed-Wetting (夜尿症) | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| Menstrual Problems (生理障害) | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |

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: 記載した情報を 相違ありません。

Signature of Doctor 署名

Date 日付

Signature of Parent or 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?

PARTICIPANT AGREEMENT

I recognize the opportunity this exchange trip offers to me. I am aware that my behavior will reflect on my family, home, community and country and that many people will base their opinions of North American youth on me and my actions. Therefore, I pledge to cooperate in every way to make this trip a rewarding and positive experience.

● **I AGREE TO:**

1. Follow schedules and attend all planned meetings.
2. Remain in assigned areas at all times.
3. Show courtesy at all times, especially in restaurants, hotels and public places.
4. Leave sites and public areas neat and clean.
5. Respect the suggestions of all adults connected to this program, even if they are not my assigned chaperone, and even if they are from other countries or organizations.
6. Dress appropriately at all times while in public.
7. Participate in the life of my host family, in camp activities, and in meetings and other planned activities.
8. Show respect to my host family and others I meet in Japan.
9. Abide by the laws of Japan and my country.

● **I AGREE TO REFRAIN FROM:**

1. Inappropriate sexual behavior or public display of affection.
2. Profane, obscene or discriminatory language.
3. Accepting, carrying or using alcohol, tobacco, or illegal drugs.
4. Operating a motor vehicle of any kind.
5. Bringing any device (ex: international cell phones) that will allow me to call the US/Canada.

● **I UNDERSTAND** that while in Japan I am under the jurisdiction of my chaperone and of Labo.

● **I UNDERSTAND** that misconduct on my part may result in my being sent home. If I am sent home due to misconduct on my part, or if I elect to return home before completion of the program for any reason, additional travel and related expenses will be the responsibility of my parents or legal guardian, and fees will not be refunded. If damage to property occurs, I can be assessed for the cost of replacement or repairs.

● **I AND MY PARENTS** or legal guardian agree to indemnify and hold harmless all organizations involved in this exchange program against any claims, losses, expenses or payments resulting from any misbehavior on my part or any act, or failure to act, by me.

I HAVE READ, AND WILL ABIDE BY THIS AGREEMENT:

Student: _____ Date _____

Parent or Legal Guardian: _____ Date _____

IN JAPAN SCHOLARSHIP PROGRAM

Hosting Scholarship

- For every Labo member or chaperon your family has hosted on the Month-Long summer exchange up until and including 2016, you may deduct \$100 from the IN Japan Summer Homestay fee or the NIHONGO fee.
- There is a maximum deduction of \$300 (i.e. if your family has hosted three Labo members.)
- This scholarship may be claimed only one time for each Labo member hosted.
- The scholarship is only valid up until and including the 2020 program.

SCHOLARSHIP APPLICATION

Name _____ State/Province _____

Month-Long Scholarship

1. Name of Labo student hosted: _____

Year Hosted: _____ Labo ID code (if known): _____

Host parents' last name (if different than applicant's) _____

2. Name of Labo student hosted: _____

Year Hosted: _____ Labo ID code (if known): _____

Host parents' last name (if different than applicant's) _____

3. Name of Labo student hosted: _____

Year Hosted: _____ Labo ID code (if known): _____

Host parents' last name (if different than applicant's) _____

Other Information

Coordinator Signature: _____

PARENTAL AGREEMENT

The Labo In-Japan programs are educational experiences that focus on creating deep and lasting interpersonal relationships between your child and their host family. In order to achieve this, Labo has a number of policies and procedures designed to help your child make the most of their time in Japan, to limit homesickness, and to limit misunderstandings by maintaining clear lines of communication. Please read the points below and sign at the bottom to indicate that you understand and agree to abide by these policies and procedures.

- Internet access is not guaranteed during the homestay. If the host family does have internet, then Labo limits the delegate’s usage to 3 times a week for 30 minutes each time.
- Phone calls and video conferencing (Skype, Windows Live, etc) are not allowed during the homestay.
- Delegates should not bring laptops. However, other small electronics (Nintendo DS, iPods, etc.) are allowed, but usage during the program should be limited. Labo is not responsible for any damage, loss, or theft that occurs during the homestay.
- Delegates should not bring international cell phones or any other devices that will allow them to call overseas.
- In the event that a problem does arise during the homestay, the following chains of communication will be followed:

NEH Family ⇨ NEH Coordinator ⇨ Tokyo Labo Staff ⇨ Delegate -OR-

Host Family ⇨ Labo Tutor ⇨ Japanese Labo Staff ⇨ NEH Coordinator ⇨ NEH Family

These communication chains ensure that everyone is kept in the loop, and limits misunderstandings that may arise from language and cultural differences.

- If any concerns arise during the homestay, please contact the appropriate person in a timely manner. Most issues end up being a simple breakdown of communication or a cultural misunderstanding. Labo has over 40 years of experience in international youth exchange and will mediate the problem. Both the Canadian parents and host parents should abide by Labo’s decisions regarding plans of action.
- If the US parents do not agree with Labo’s course of action, they may remove their child from the program. However, they will be responsible for any additional costs incurred by ending the program early.

Name of Applicant: _____

Parental Signature: _____ Date: _____

Parental Signature: _____ Date: _____

Labo Sexual Harassment Policy For North American Participants traveling to Japan

Sexual harassment is prohibited by Labo and will not be tolerated. All host family members, Labo staff and volunteers, and program participants are prohibited from engaging in any sexually harassing conduct.

Sexual harassment may be hard to recognize in certain circumstances. It can include making sexual advances; requesting sexual favors; touching or grabbing a sexual part of an individual’s body; touching or grabbing any part of an individual’s body after that person has indicated or it is known that the contact is unwelcome; exposing any part of one’s body in an indecent and inappropriate manner; viewing sexual or intimate parts of another’s body; displaying or transmitting pornography; using sexually vulgar or explicit language; or using electronic media to depict or “virtually” do any of the foregoing or similar things. This is not meant to be an exhaustive list of behaviors that violate this policy.

If a program participant believes he, she, or someone else has been the victim of sexual harassment, the program participant must immediately report it to a Labo chaperone or representative. Any Labo chaperone or representative who receives such a complaint must immediately notify the Executive Director, who will in turn notify the program participant’s parent/guardian. Law enforcement may also be notified.

All complaints will be taken seriously and investigated promptly. Labo will protect the confidentiality of those involved to the extent that it is consistent with its need to examine voiced concerns or to cooperate in an investigation. Labo will also immediately take steps to cease contact between the program participant and the alleged harasser, including removing the program participant from a host family’s home.

As mentioned above, program participants are prohibited from engaging in sexual harassment. Thus, engaging in any form of sexual conduct of any nature whatsoever with or towards any other program participant or host family member (including host siblings), regardless of their age or apparent consent, is prohibited. Violating of this policy is grounds for immediate expulsion from the program, in which case the program participant will be responsible for all costs incurred in sending the participant back to his or her home country.

I have read and understand the above policy and agree to abide by it.

Signature of participant: _____ Date: _____

Signature of parent/guardian (if participant is under 20): _____ Date: _____