

Canadian/Japanese Exchange Association

Outbound Application Instructions

Thank you for your interest in Labo's Summer Homestay in Japan
and/or NIHONGO
(Labo Japanese language program)

Please complete all pages of this Application Package

Instruction Pages (2)

- Page 1, 2** **Personal Information Sheet** On the top of the first page, check for which program(s) you are applying. Three signatures required.
- 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.
- Page 3, 4, 5** **Medical History and Authorization**
Parent/guardian's signature required.
- Page 6** **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.
- Page 7** **Essay Page** You may attach essays on separate pages if desired.
- Page 8, 9, 10** **Program Agreements** Student's & Parent's signatures required.
- Page 11** **Travel Insurance Form** Parent/guardian's signature required.
- Page 12** **Parental Letter of Permission** Use form of your host family's program.
- Pages 13, 14** **Confidential Reference Forms**
Give these forms to two people (not relatives) to fill out and send directly to your Provincial Coordinator. You may want to provide them stamped, addressed envelopes for their convenience

The completed Application Package and a cheque for \$500 are due to your provincial or regional exchange coordinator by February 1 (Nihongo) or March 1 (Month-long).

- ❖ For the mailing addresses of Alberta Regional Exchange Coordinators, see the list on the Alberta 4-H website: www.4h.ab.ca .
- ❖ In Alberta, the regional coordinator will check and sign it and forward it to the provincial coordinator who will approve the completed application and forward it to the Canadian Outbound Coordinator. In other provinces, send the completed application and cheque to the Canadian Outbound Coordinator.
- ❖ The cheque is a deposit on your program fees. Deposits will not be refunded after May 1 (Nihongo) or June 1 (Month-long), except in cases of serious illness or injury. Only one cheque for \$500 is required if you are going on both the Nihongo and Month-Long Programs.
- ❖ The cheque should be made out to:

Canadian/Japanese Exchange

On the lower left of the cheque write: Labo

- ❖ The travel agent will contact you to purchase a ticket with the group after the application has been approved. Payment for the ticket must be made at the time of purchase.
- ❖ **Full payment for the program is due to the Canadian/Japanese Exchange Outbound Coordinator (Ellen Bonde) by May 1 for Nihongo students and June 1 for Month-Long students.**

*Ellen Bonde, Outbound Coordinator
R.R. 3
Rocky Mountain House, AB
T4T 2A3*

Tel/Fax (403) 845-6894 E-mail: niels_ellen@telusplanet.net

- ❖ About the beginning of June you will receive your Host Family Information Sheet, and travel and orientation information.
- ❖ **Your cooperation in meeting deadlines is greatly appreciated.**
- ❖ **Late applications will be accepted on a “space-available” basis and may result in increased airfare and/or delayed host family assignment.**
- ❖ **Please keep the instruction page and checklist for your reference.**

Canadian/Japanese Exchange In-Japan Program Personal Information Sheet

Check Program(s) Desired

- Labo NIHONGO Language Program (3 wk.)
- Summer (4 week): __Labo __Lex __Utrek

PARTICIPANT

Full Name _____ Name you prefer to be called _____
First Middle Last

Address _____ Sex _____ Age _____
Street / Box F / M As of June 15
City Province Postal Code Date of Birth Day / Month / Year

Phone (_____) _____ Email _____
Area Code PLEASE PRINT NEATLY

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

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: Labo _____ Lex _____ Utrek _____

Name _____ Year Hosted _____

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: XS S M L XL

From which city will you be flying?

(for group t-shirt)

REFERENCES

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

Name _____ Name _____

Address _____ Address _____

Phone (_____) _____ Phone (_____) _____

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

Applicant Signature

Date

Parent/Legal Guardian Signature

Date

Provincial/Regional Coordinator Signature

Date

MEDICAL FORM

参加者名 (ローマ字)

Participant's Name: _____

生年月

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 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	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. 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: 記載した情報に相違ありません。

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.

ESSAY

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?

Labo In-Japan Program

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 Canadian 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 home 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.

I UNDERSTAND that while in Japan I am under the jurisdiction of my chaperon and the Japanese Labo Program.

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 _____

LABO IN-JAPAN PROGRAM

SEXUAL HARASSMENT POLICY

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 _____ Date: _____

(if participant is under 20)

Labo In-Japan Program

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. 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:

*Canadian Family ↔ Canadian Coordinator ↔ Tokyo Labo Staff ↔ Delegate -OR-
Host Family ↔ Labo Tutor ↔ Japanese Labo Staff ↔ Canadian Coordinator ↔ Canadian 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 North American parents and host parents should abide by Labo's decisions regarding plans of action.
- If the North American 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: _____

Canadian/Japanese Exchange

In-Japan Program Travel Insurance Form

Check the program(s) in which you are participating

____ Nihongo Exchange

____ Month-long Exchange

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

I, the parent/guardian of _____
accept full responsibility for all medical expenses incurred by my child/ward during
the Canadian/Japanese exchange program.

Parent's signature

Date

Do you wish to purchase medical insurance from travel agent? ____yes ____no

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

Medical Insurance Company

Student's Insurance Number

Do you wish to purchase cancellation insurance from the travel agent? ____yes ____no

Canadian/Japanese Exchange
PARENTAL PERMISSION FORM
for
TRAVEL OUTSIDE CANADA

To Whom it Concerns:

We, the parents of _____ give our permission for our child to travel to Japan as part of the Canadian/Japanese Exchange Program. While in Japan our child will be staying with a host family under the auspices of:

LABO INTERNATIONAL EXCHANGE FOUNDATION

Nishi-Shinjuku Mitsui Bldg 16F
6-24-1 Nishi-Shinjuku, Shinjuku-ku Tokyo
160-0023 Japan
Telephone: 03-5324-3430

Father 's Signature: _____ Date: _____

Mother 's Signature: _____ Date: _____

***Send photocopy with application and
keep original form with your passport***

Canadian/Japanese Exchange

Return to: (Your Exchange Coordinator's name and address)

CONFIDENTIAL REFERENCE

Applicant's Name: _____

The individual named above has applied for participation in the In-Japan Summer Homestay Program (1 or 2 months in Japan). Your thoughtful evaluation of the applicant's ability to assume this role will be appreciated. You may write a letter if you prefer. Please send the completed form (or letter) and any other materials to the Exchange Coordinator listed in the upper right-hand corner. Please use the back of this page for additional comments. 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:

Comments

- Cooperative Yes No
- Accepts Authority Yes No
- Respectful Yes No
- Outgoing Yes No
- Positive Attitude Yes No
- Flexible Yes 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:

	Below Average	Average	Above Average	Top 10%
Emotional maturity	()	()	()	()
Leadership	()	()	()	()
Enthusiasm/Energy	()	()	()	()
Self-Confidence	()	()	()	()
Sense of Humor	()	()	()	()
Handling Emergencies	()	()	()	()

How long have you known this applicant? _____

Do you recommend this applicant for participation? Yes No

Signature _____ Date _____

Title _____ Telephone (____) _____

Connection to Applicant _____

Canadian/Japanese Exchange

Return to: (Your Exchange Coordinator's name and address)

CONFIDENTIAL REFERENCE

Applicant's Name: _____

The individual named above has applied for participation in the In-Japan Summer Homestay Program (1 or 2 months in Japan). Your thoughtful evaluation of the applicant's ability to assume this role will be appreciated. You may write a letter if you prefer. Please send the completed form (or letter) and any other materials to the Exchange Coordinator listed in the upper right-hand corner. Please use the back of this page for additional comments. 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:

Comments

- | | | | | |
|-------------------|--------------------------|-----|--------------------------|----|
| Cooperative | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Accepts Authority | <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 |
| Positive Attitude | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Flexible | <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:

	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"/>
Enthusiasm/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 Humor	<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"/>

How long have you known this applicant? _____

Do you recommend this applicant for participation? Yes No

Signature _____ Date _____

Title _____ Telephone (____) _____

Connection to Applicant _____

Canadian/Japanese Exchange

Outbound Application Check List

Please make sure all items are checked off and included in your package before you submit your application.

- Personal Information pages (2 pages)
- Medical History and Authorization (3 pages)
- Self-Introduction Page (1 or more pages)
- Essay Page (1 page)
- Program Agreements (3 pages)
- Scholarship Form (if applicable – 1 page)
- Travel Insurance Form (1 page)
- Photo Copy of Parental Letter of Permission (1 page - Keep your original with your passport) Use the form matching host's program
- \$500 deposit cheque

- Please note: The Confidential Reference Forms are to be mailed in under separate cover.
- Please mail your completed application to your regional coordinator in Alberta, or to the Canadian Outbound Coordinator.
- **For the mailing addresses of Alberta Regional Exchange Coordinators, see the list on the Alberta 4-H website:**
www.4h.ab.ca