

# 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 15

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
City State Zip Code 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 (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 your 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 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><b>I understand the objectives of the IN-JAPAN Labo Homestay Exchange Program and agree to abide by the rules of the program</b></p>	
<p>Applicant's Signature</p>	<p>Date</p>
<p>Coordinator Signature (if applicable)</p>	<p>Date</p>

# MEDICAL FORM

**AUTHORIZATION for EMERGENCY TRANSPORTATION/MEDICAL TREATMENT** *(Please Print)*

Applicant's Name: \_\_\_\_\_ State: \_\_\_\_\_

I hereby authorize the representative of the sponsoring organization to make arrangements for my welfare, including transportation, in the event of an emergency and for whatever emergency medical care may be deemed necessary for my welfare, while participating in this program.

\_\_\_\_\_  
Signature of Applicant Date

**MEDICAL INFORMATION**

1. Have you ever had, or been inoculated for any of the following?

	Contracted		Inoculated		Month/Year of Injection
Diphtheria	Yes _____	No _____	Yes _____	No _____	_____
Polio	Yes _____	No _____	Yes _____	No _____	_____
Scarlet Fever	Yes _____	No _____			_____
Small Pox	Yes _____	No _____	Yes _____	No _____	_____
Typhus	Yes _____	No _____	Yes _____	No _____	_____
German Measles	Yes _____	No _____	Yes _____	No _____	_____
Measles	Yes _____	No _____	Yes _____	No _____	_____
Whooping Cough	Yes _____	No _____	Yes _____	No _____	_____
Chicken Pox	Yes _____	No _____	Yes _____	No _____	_____
Mumps	Yes _____	No _____	Yes _____	No _____	_____
Tetanus Inoculations: Preventive injection	Yes _____	No _____	Date of Last injection _____		
Serum Injection	Yes _____	No _____	Date of Last injection _____		

2. Do you have or are you subject to any of the following? If Yes, please explain condition and/or frequency.

			Condition/Frequency
Asthma	Yes _____	No _____	_____
Diabetes	Yes _____	No _____	_____
Heart Trouble	Yes _____	No _____	_____
Lung Trouble	Yes _____	No _____	_____
Fainting Spells	Yes _____	No _____	_____
Convulsions	Yes _____	No _____	_____
Epilepsy	Yes _____	No _____	_____

Any other condition (please list and explain) \_\_\_\_\_

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

Medicine: Penicillin or related medicine Yes \_\_\_\_\_ No \_\_\_\_\_  
Aminopyrine or sulpyrine type medicine Yes \_\_\_\_\_ No \_\_\_\_\_  
Others (list) \_\_\_\_\_

Non-drug items such as dust, pollen, cat-hair, etc. (list)  
\_\_\_\_\_

4. If you are carrying medicine/prescriptions, fill in the following. Put 'P' for prescriptions

Name of Medicine	For what illness symptoms?	Dosage and Times Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Eyes	Yes _____	No _____	Remarks _____
Are you using contact lenses?	Yes _____	No _____	Remarks _____
Ears	Yes _____	No _____	Remarks: _____
Nose	Yes _____	No _____	Remarks: _____
Throat	Yes _____	No _____	Remarks: _____
Digestion	Yes _____	No _____	Remarks: _____
Sleepwalking	Yes _____	No _____	Remarks: _____
Bed-Wetting	Yes _____	No _____	Remarks: _____
Menstrual Problems	Yes _____	No _____	Remarks: _____
Any other difficulties (List)	_____		

6. Blood Type (if known) \_\_\_\_\_

7. If there are any physical activities that you are restricted from doing, please list.  
\_\_\_\_\_  
\_\_\_\_\_

8. Are you on a special diet? If so, what kind?  
\_\_\_\_\_  
\_\_\_\_\_

9. Any additional information the host parents should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** Units of measurement for medicine in Japan are different from those in other countries. It is also difficult or sometimes impossible to obtain the same kind of medicine that you use at home, even though you may have the prescription with you. We suggest therefore that you bring sufficient amounts of your own medicine with you to Japan.

## **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.

**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.

<p>I, _____ accept full responsibility for all medical expenses incurred by me during the Labo Exchange Program.</p> <p>Signature _____ Date _____</p>
--

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  
P.O. Box 2996  
Sacramento, CA 95812  
phone/fax: 916-400-4041

Applicant's Name \_\_\_\_\_

State \_\_\_\_\_

The individual named above has applied for participation in (check one)

- In-Japan Summer Homestay Program (1-2 months in Japan)
- Labo INTERN Program (12 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	<b>Comments</b>
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:**

	<b>Below Average</b>	<b>Average</b>	<b>Above Average</b>	<b>Top 10%</b>
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 \_\_\_\_\_

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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"/>	_____

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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 \_\_\_\_\_