

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 January 20
- 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 is fully refundable in case of cancellation.
- 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 INT'L EXCHANGE

Phone/Fax: 916-400-4041
E-Mail: labointl@aol.com

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 15

_____ Date of Birth _____
City State/Province Zip/Postal 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

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 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 representative of the Labo International Exchange Foundation, the Labo Teaching Information Center, and the families assigned as my hosts, to make arrangements for my child's 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 my child be incapacitated to make his/her own decision) while participating in this program.

Signature: 署名
 of parent or legal guardian

Date: (Month/Day/Year) 日付

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

Telephone: _____
 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				
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 No _____

Diabetes/Hypoglycemia 糖尿病 / 低血糖症 Yes No _____

Heart Trouble 心臓疾患 Yes No _____

Lung Trouble 肺疾患 Yes No _____

Fainting Spells 失神 Yes No _____

Convulsions けいれん発作 Yes No _____

Epilepsy てんかん Yes No _____

Skin Disease 皮膚疾患 Yes No _____

Kidney/Gall Bladder/Liver Disease 腎臓 / たんのう / 肝臓疾患 Yes No _____

Muscular/Skeletal Problem 筋肉/骨格の障害 Yes No _____

Emotional or Mental Disorder 情緒/精神的な障害 Yes No _____

Stomach/Intestinal Problem 胃腸障害 Yes No _____

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 No _____

Uses Contact Lenses (コンタクトレンズ使用) Yes No _____

- Ears (聴力等、耳の障害) Yes No _____
- Nose (鼻の障害) Yes No _____
- Throat (咽喉障害) Yes No _____
- Digestion (消化障害) Yes No _____
- 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。
- Are you on a special diet?
 Yes No If so, what kind? _____
 食事に関して特別な制限がありますか?もしあれば、それはどのようなものですか。
- 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。

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.

• **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, 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.

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: _____