

U.S. Intern Application

INSTRUCTIONS

- 1) Complete Application Form.
- 2) Sign application form.
- 3) Send completed application packet to the Labo office in Sacramento.
- 4) Have two people - not relatives - write letters of recommendation and mail them directly to the Labo office in Sacramento. You may want to also give them an addressed, pre-stamped envelope for their convenience.

**APPLICATIONS should be sent to the LABO OFFICE in Sacramento
and must be POSTMARKED by December 14**

TIMELINE

- **February 1:** Applicants will be notified of Labo's selection for interviews.
- **Late February:** Interviews held in specified location.
- **March 15:** Labo's final decision will be announced.
- **May 1:** Interns must submit the following materials:
 - **Visa Application Form** (Labo will send you a form to fill out)
 - Detailed Independent Study **proposal**
 - Official school **transcript** / diploma (Labo will tell you which is needed)
 - **Copy of Passport** which is valid through your term as an Intern

Please address all questions to

LABO INTERNATIONAL EXCHANGE FOUNDATION

ATTN: Ariel Smoke
2110 L St. #210
Sacramento, CA 95816

Phone: 916-400-4041
Fax: 916-376-7515
Web: www.labo-exchange.com
Email: labointl@aol.com

LABO INTERN APPLICATION

Items to be submitted:

- _____ **Intern Application** signed by applicant
- _____ **Independent Study Project** – Preliminary Ideas form
- _____ **LABO Intern Essay** on “Why I Want to be a LABO Intern”
- _____ **Medical Form** signed by applicant
- _____ **Two Letters of Recommendation** signed and in sealed envelope
- _____ **Four passport size photos** attach one to application
- _____ **A casual photo of you**
- _____ **An Official College Transcript** If enrolled in college for less than one year, please send high school transcript.

HOBBIES AND INTERESTS

What are your hobbies and interests? _____

Year in School _____ Favorite Subjects _____

LANGUAGE ABILITY

(other than English): please indicate **Excellent**, **Good**, **Fair**, or **Poor**

Language	Reading	Writing	Speaking	Comprehension	Yrs Studied	High School/University

While in Japan, are you willing to study the Japanese language seriously? Yes No

INTERNATIONAL TRAVEL AND HOSTING EXPERIENCE (Other than Labo)

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

How Would You Handle the FOLLOWING SITUATIONS? (Use the back for more space.)

You are on your way to a Labo Party. Your train departs in five minutes but you are lost in the busy station.

Your host mother, who is a Labo Tutor, frequently asks you to go to her Labo Parties during your free time. You are tired and need time for yourself.

Being a Labo Intern is not what you expected. You want your year to be over, but it has only been four months since you arrived. You want to go home. _____

Outline Your Experience WORKING WITH CHILDREN

Activity/Organization	Ages of Children	Your Role

LEADERSHIP AND RELATED EXPERIENCES

Include major involvement in clubs, church, school, community, other.

Activity/Organization	Years Involved	Your Role

What are your long-term goals? (career and/or personal) _____

Use this space to describe your **INTERESTS AND HOBBIES** or any other pertinent information we should know about you.

PREVIOUS EXPERIENCE WITH LABO

LABO Member(s) Hosted:

Year _____ Name _____

Year _____ Name _____

Year of travel to Japan on the LABO Homestay program: _____

Name and Address of your Japanese host family: _____

What did you enjoy **most** about LABO party activities? _____

What did you enjoy **least** about LABO party activities? _____

What were your impressions of LABO camp? _____

I certify that all information on this application is true and complete to the best of my knowledge. I understand the purposes and objectives of the LABO Intern Program and agree to participate within the framework of the program should I be accepted.

Applicant's Signature

(month / day / year)

Parent/Legal Guardian's Signature *(if under 20)*

(year/month/day)

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 welfare, including transportation in the event of an emergency, and for whatever emergency medical care may be deemed necessary for my welfare (should I be incapacitated to make my own decision) while participating in this Program.

Signature: 署名

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 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。

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。

Participant signature

Date

Parent or legal guardian
(if under 20) **Signature 署名**

Date 日付

INDEPENDENT STUDY PROJECT

Preliminary Ideas

An important part of your year in Japan will be your Independent Study Project. This project can be on any subject of your choosing related to traditional Japanese culture. Labo will set aside time for you to work on your project, and there is some funding available to help you with your project expenses. Interns may also receive University credit for their Independent Study Project (please discuss this with your University advisor).

Some ideas for your Study Project include (but are not limited to):

Flower Arrangement	Tea Ceremony
Japanese Doll Making	Kimono
Washi Paper Making	Calligraphy
Ukiyoe (woodblock) Printing	Taiko Drum
Nihon Buyo Dancing	Bonsai
Kabuki Drama	Sumo

In the following space, please write down the tentative topic of your Independent Study Project. If you are selected as a finalist of the Intern Program, you will be required to submit a more detailed proposal of your course of study in Japan. Labo will be happy to work with you to develop this proposal.

Name _____

Independent Study Project (tentative):

INTERN ESSAY

Please write a one-page essay on **“Why I want to be a Labo Intern”**