

# 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

- 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**      **Medical History and Authorization**  
Parent/guardian's signature required.
- Page 5**      **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 6**      **Essay Page** You may attach essays on separate pages if desired.
- Page 7**      **Participant Agreement** Student's & Parent's signatures required.
- Page 8**      **Scholarship Explanation**
- Page 9**      **Scholarship Form**
- Page 10**      **Travel Insurance Form** Parent/guardian's signature required.
- Page 11**      **Parental Letter of Permission** Use form of your host family's program.
- Pages 12, 13**      **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 15 (Nihongo) or March 15 (Month-long).**

- ❖ For the mailing addresses of provincial and regional exchange coordinators, see the Canadian Coordinator list on the Alberta 4-H website: [www.4h.ab.ca](http://www.4h.ab.ca) or on the Labo website: [www.labo-exchange.com](http://www.labo-exchange.com) .
- ❖ The regional coordinator will sign the application and forward it to the provincial co-ordinator who will check over and approve the application and forward it to the Canadian Outbound Coordinator.
- ❖ The cheque is a deposit on your air ticket, and is not refundable after the reservation has been made. Only one cheque for \$500 is required if you are going on both the Nihongo and Month-Long Programs. If you are arranging your own flight, the deposit will be applied to your program fees.
- ❖ The cheque should be made out to:

Canadian/Japanese Exchange

On the lower left of the cheque write: Labo

- ❖ About the beginning of June you will receive your Host Family Information Sheet, and travel and orientation information.

**Full payment is due to the Canadian/Japanese Exchange Outbound Coordinator (Ellen Bonde) by June 1**

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

Tel/Fax (403) 845-6894

EM: niels\_ellen@telusplanet.net

- ❖ **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.**



## 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 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 what city will you be flying?

(for group I-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

## AUTHORIZATION for EMERGENCY TRANSPORTATION / MEDICAL TREATMENT

Participant Name \_\_\_\_\_ Province \_\_\_\_\_

### 1. Inoculation History

Vaccine	Number	Date	Vaccinated by	Contracted ?	Date Contracted
Measles	1 <sup>st</sup>			Yes/No	
	2 <sup>nd</sup>				
Mumps	1 <sup>st</sup>			Yes/No	
	2 <sup>nd</sup>				
Rubella	1 <sup>st</sup>			Yes/No	
	2 <sup>nd</sup>				
Chicken Pox				Yes/No	
Polio (OPV)	1 <sup>st</sup>			Yes/No	
	2 <sup>nd</sup>				
	3 <sup>rd</sup>				
	4 <sup>th</sup>				
DPT Diphtheria Pertussis Tetanus	1 <sup>st</sup>			Yes/No	
	2 <sup>nd</sup>				
	3 <sup>rd</sup>				
	4 <sup>th</sup>				
	5 <sup>th</sup>				
Tuberculosis	Vaccine Type			Yes/No	
Hepatitis B	1 <sup>st</sup>			Yes/No	
	2 <sup>nd</sup>				
	3 <sup>rd</sup>				
Other					

### 2. Do you have or are you subject to any of the following?

Condition / Frequency / Comments

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 conditions (Please list) \_\_\_\_\_

**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: _____
Do you use 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: _____

Explain any other conditions \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

**8. Is there any additional information the host parents should be aware of:** \_\_\_\_\_

\_\_\_\_\_

**Note:** Units of measurement may be different in Japan. Availability of medicines may also be difficult, even if you have a prescription with you. Please bring sufficient amounts of your own medicine with you to Japan.

I hereby authorize the representative or the parents of the family assigned as hosts for my child, 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, while participating on this program.

\_\_\_\_\_

*Signature of Parent or Legal Guardian* *Date*

# 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?

# Canadian/Japanese Exchange 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 \_\_\_\_\_

# Canadian/Japanese Exchange

## IN-JAPAN SCHOLARSHIP PROGRAM

### Labo

#### MONTH-LONG HOSTING SCHOLARSHIP

- For every Japanese Program member or chaperon your family has hosted on the Month-Long summer exchange, you may deduct \$150 from the Summer Homestay fee or the NIHONGO fee (for Labo).
- There is a maximum deduction of \$450 (i.e. if your family has hosted three members.)
- This scholarship may be claimed only one time for each member hosted.

#### YEAR-LONG HOSTING SCHOLARSHIP - Labo

- If your family has hosted a student on the Year-Long High School Program and the high school CHARGED TUITION, you may waive either the Summer Homestay fee or the NIHONGO fee.

#### YEAR LONG SCHOOL SCHOLARSHIP - Labo

- If your family has hosted a student on the Year-Long High School Program and the high school DID NOT CHARGE TUITION, you are eligible for a full scholarship (all fees and airfare).

# Canadian/Japanese Exchange

## IN-JAPAN SCHOLARSHIP APPLICATION

*See the previous page for an explanation of the scholarship program*

Name: \_\_\_\_\_ Province \_\_\_\_\_

### MONTH-LONG SCHOLARSHIP

1. **Name of student hosted:** \_\_\_\_\_

Year Hosted: \_\_\_\_\_ Program \_\_\_\_\_ ID code (if known): \_\_\_\_\_

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

2. **Name of student hosted:** \_\_\_\_\_ Program \_\_\_\_\_

Year Hosted: \_\_\_\_\_ Program \_\_\_\_\_ ID code (if known): \_\_\_\_\_

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

3. **Name of student hosted:** \_\_\_\_\_ Program \_\_\_\_\_

Year Hosted: \_\_\_\_\_ Program \_\_\_\_\_ ID code (if known): \_\_\_\_\_

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

### YEAR-LONG SCHOLARSHIP

**Name of student hosted:** \_\_\_\_\_

Year Hosted: \_\_\_\_\_

Name of Host parents \_\_\_\_\_

### OTHER INFORMATION

Verified by Provincial Co-ordinator: \_\_\_\_\_ 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 Tri Town Travel? \_\_\_yes \_\_\_no

If you do not purchase this insurance through Tri-Town Travel, 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 Tri Town Travel? \_\_\_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)

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## 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:

			<b>Comments</b>
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 .....	()	()	()	()
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)

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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%
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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

# 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 (2 pages)
- Self-Introduction Page (1 or more pages)
- Essay Page (1 page)
- Participant Agreement (1 page)
- 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 or provincial coordinator.
- **For the mailing addresses of regional and provincial exchange coordinators, see the list on the Alberta 4-H website: [www.4h.ab.ca](http://www.4h.ab.ca) or the Canadian Coordinators list on the Labo website: [www.labo-exchange.com](http://www.labo-exchange.com)**