



MONTANA 4-H INTERNATIONAL PROGRAMS 2018 DELEGATE APPLICATION NEW ZEALAND

Full Name: _____ State: _____
(First name) (Last name)

Due Dates to Montana 4-H Center: 210 Taylor Hall, PO Box 173580, Bozeman, MT 59717

November 15: **First payment*** of \$2,000, due with Application. Check will not be deposited until acceptance, applicants notified of acceptance in December**. *Make checks payable to the Montana 4-H Foundation*

January 15: **Second payment** due* (\$1,000)

February 15: Medical Form and Passport Copy due

April 1: **Third and final payment** due ***

Application Checklist: *Only fully completed applications will be accepted.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Basic Information | <input type="checkbox"/> References | <input type="checkbox"/> Short Answer Questions |
| <input type="checkbox"/> Health & Allergy Information | <input type="checkbox"/> Comprehensive Release Form | <input type="checkbox"/> Cultural Project |
| <input type="checkbox"/> Introduction to Host Family | <input type="checkbox"/> Photos | <input type="checkbox"/> \$2,000 first payment |
| <input type="checkbox"/> Airport Selection | <input type="checkbox"/> Essay | |
| <input type="checkbox"/> Additional Information | <input type="checkbox"/> Letter to Host Family | |

Cancellation & States' 4-H Policies:

- Program cancellations:
 - Before January 31, 2018 – \$300 cancellation fee. The remaining \$1,700 of the first payment will be refunded.
 - After January 31, 2018 – 100% cancellation fee.
- Airfare is non-refundable once issued (airline credit may apply, airline regulations vary). Tickets are issued in mid-February.
- Only fully paid delegates will be allowed to travel or come to the departure orientation.
- Donors must send checks directly to the delegate.

Signature of parent's/legal guardian

Print parent's/legal guardian's name

Date

Attach at least one photo of yourself and one family photo to this page, or email the photos to your 4-H Coordinator.



MONTANA 4-H INTERNATIONAL PROGRAMS 2018 DELEGATE APPLICATION NEW ZEALAND

1. Basic Information:

Paste a small photo
of yourself

FULL LEGAL NAME: _____
Exactly as printed in passport (First) (Middle) (Last)
If applying for passport later, apply with the name exactly as written above

Name you prefer to be called: _____

Gender: _____ Age (as of departure date): _____ Birth Date (mm/dd/yy): _____

Grade (for 2017-18): _____ T-shirt Size (adult): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____

Applicant's Cell Phone: _____ (Only used for communication during domestic travel)

Applicant's Email: _____

PARENT / GUARDIAN:

Parent #1 Name: _____ Relationship to applicant: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-Mail: _____ Occupation: _____

Parent #2 Name: _____ Relationship to applicant: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

E-Mail: _____ Occupation: _____

Sibling(s) – name, gender, and age: _____

EMERGENCY CONTACT: (other than the adult(s) listed above)

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

2. Health & Allergy Information:

The formal medical form is not due until March 1. However, please fill out this section with any/all applicable conditions. Be as specific as possible. Follow up questions may be asked. Attach an additional page, if needed.

ALLERGIES: List all food and non-food allergies and indicate the severity, any reactions, and medication, if any, for each.

Type of Allergy	Severity (1 mild – 5 severe)	Allergic Reaction(s) (explain severity)	Medication?*	Additional Information:

*is the applicant able to take medication on their own, or will they need reminders from host family?

HEALTH CONCERNS: List physical/mental conditions, both mild and severe. Please be comprehensive.

Condition/Illness	Additional Information the Host Family should be aware of:	Name of Medication*	Dosage (mg.)

*Please note that common ADD/ADHD medications such as "Adderall", are illegal in other countries. Make sure all of the medication you plan to bring is legal in the international country you are going to.

- a. Any recent injuries or surgeries we should be aware of? If yes, provide a brief description: _____

- b. Are there any physical activities you are restricted from doing? If yes, list all: _____

3. Introduction to Host Family:

SMOKING:

- Non-smoking family only Acceptable if family member smokes outside A smoking family is acceptable

ANIMALS:

- Placement in a home with any type or size of pets/animals is okay with me.
- Although I am mildly allergic to the following animals, it's okay for me to be placed with them: _____
 I am strongly allergic to or afraid of the following animals. I cannot be placed with them: _____

DIET:

- a. Do you have any special dietary needs or restrictions (check all that apply)?
 Vegetarian Vegan Gluten Free Soy Free Dairy Free Other: _____
- b. If you checked at least of one the boxes above:
 List what you can eat: _____
 List what you cannot eat: _____
- c. Any other special dietary needs or restrictions? _____

INTERESTS & HOBBIES: Check as many boxes as may apply to you.

What activities do you enjoy?

- Studying Shopping Hiking Camping Nature/Outdoors Movies Swimming Cooking Handicrafts
 Museums Listening to music Gardening Bicycling Painting/Drawing Boating Reading Writing Dancing
 Singing TV Computers Video games Musical instruments (types: _____) Animals (types: _____)
 Sports (types: _____) Other activities: _____

Your personality characteristics:

- Tidy Curious Shy Emotional/Sensitive Cheerful Quiet Patient Talkative Laugh a lot Sociable
 Tolerant Serious/Diligent Other: _____

What do you usually do in your free time?

- Movies Museums Reading Studying Shopping Participate in Sports Spectator of Sports Events
- Other: _____

What type of TV programs do you enjoy watching?

- Educational Adventure Game shows Musicals News Comedies Drama Movies Sports None
- Other: _____

What kind of books do you enjoy reading?

- Science fiction Classics Non-fiction Mysteries Poetry Textbooks Humor Fiction Anime
- Other: _____

What type of music do you enjoy?

- Classical Show-tunes Popular Folk Country & Western Jazz Rock Rap Hip-hop None
- Other: _____

What qualities do you value most in people?

- Loyalty Kindness Patience Honesty Intelligence Sense of humor Decisiveness Politeness
- Other: _____

Religion (optional): _____

Please list some of your other hobbies & interests: _____

Please list some things about the hosting country and its culture that you find interesting: _____

If the above host family(ies) is(are) not available, any host family assigned is acceptable (if yes, check here).

4. **Additional Information:**

- a. Family Insurance Carrier: _____ ID#: _____ Group #: _____
(Participants are responsible for expenses beyond the coverage of the exchange program's insurance policy.)
- b. 4-H: I am currently a 4-H member: Yes No
- c. When is your last day of school for 2016-17 (mm/dd/yy)? _____
- d. When is your first day of school for 2017-18 (mm/dd/yy)? _____

TRAVEL EXPERIENCE:

- a. Have you flown domestically before? Yes No Internationally? Yes No
- b. Please list any international travel experience.

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

- c. Do you have a current passport?
 Yes – Submit a copy of photo page (with signature). The passport must be valid for three (3) months after the intended return travel date. Check the expiration date and renew, if needed.

No – Apply in advance. It may take as long as two months, and applicants who are under 16 years of age must apply in person accompanied by both parents/guardians. Submit a copy of photo page (with signature) when passport is received.

AIRPORT SELECTION:

Which local airport would you prefer to use? Please list **only** the airports you can actually use in the summer. In the event that your preferred airport is not feasible or if all delegates must depart from the same airport, an alternative airport within 100 miles of the listed ones may be chosen at Montana 4-H's discretion. Departure could be as early as 5AM and return could be as late as midnight. *NOTE: In general, airfare is more expensive when you choose smaller airports.*

1. Airport Name _____ 3 Letter Airport Code _____
 2. Airport Name _____ 3 Letter Airport Code _____

HOSTING EXPERIENCE:

- a. Have you hosted any international exchange students before? Yes No
 If yes, what year and through which organization(s) did you host? (Please list all.)

- b. Are you interested in hosting next year? Yes No Not sure

FOREIGN LANGUAGE SKILLS: Please indicate: Excellent - Good - Fair - Poor - None.

Language	Reading	Writing	Speaking	Comprehension	Years Studied

5. References:

4-H members are required to name at least one 4-H staff member and one school representative. Non 4-H members are required to name one school representative; the other reference may be any other adult (non-relative).

Name: _____ Position-Title/Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Name: _____ Position-Title/Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

6. **Essay:** 1-2 paragraphs for each of the following questions. Attach additional pages if necessary.

a. What are your expectations for this exchange?

b. Why do you want to participate?

7. **Letter to Host Family(s):** Handwrite or type a letter to your host family(s) introducing yourself, your family, and your interests.

9. Cultural Project: A short written description of a cultural project to share with your host family(s) (feel free to include pictures or drawings). The project can be in any form and on any topic. For instance, previous delegates have prepared their favorite food dish or taught their favorite game/sport and played it with their host family.

You should also be prepared to leave a “hard copy” of your project with your host family. For instance, write down the recipe for the dish you prepare or the instructions to the game you teach. The goal is for you to share a piece of American culture with your host family and new friends... and to have fun!



MONTANA 4-H INTERNATIONAL PROGRAMS 2018 Comprehensive Release Form – New Zealand

TRAVEL RELEASE/AUTHORIZATION

I/we, the parent(s) and/or legal guardian(s) of _____ (full name), hereby grant permission for my/our child “the delegate” to travel and participate in the Montana 4-H International Exchange Program with New Zealand.

I/we agree to accept the flight itinerary that Montana 4-H arranges for the delegate. I/we agree to pay the cost for any deviations from this flight schedule caused by the delegate’s personal actions. Montana 4-H, Montana State University and MSU Extension (their personnel and volunteers), and the international partner organization shall have no liability if the delegate voluntarily or otherwise withdraws or is dismissed from the program. Furthermore, I/we understand that program fees, airfare, and travel agent fee must be paid in full by the established deadlines in order for the delegate to participate in the exchange. In the event that the international partner organization cancels the program due to unforeseen circumstances, delegates will receive a refund for any payments made and may reapply to a different outbound program, except airfare may be non-refundable or airline credit may apply.

MEDICAL RELEASE

I/we hereby authorize the representatives of Montana 4-H and the international partner organization, or the parents of the family assigned as hosts for my/our child, to make arrangements for my/our child’s welfare, including transportation in the event of an emergency, and for whatever emergency medical care may be deemed necessary for my/our child’s welfare, while participating in this program. I/we grant permission to release information regarding my/our child’s health to any individual designated by Montana 4-H.

INSURANCE AGREEMENT

I/we will be provided Sickness and Accident Insurance information for the company chosen by Montana 4-H. I/we acknowledge that this coverage is secondary insurance and supplements any primary sickness and accident insurance that my/our family may have. I/we understand that this insurance provides coverage for accidents, injuries, or illnesses that occur and are treated while the delegate is out of the home country. I/we understand that the insurance coverage is limited and that I/we are responsible for any medical expenses above and beyond those identified in the Insurance Plan Summary, including coverage determined to be in excess of *reasonable and customary*, as defined by the insurance provider. **Program insurance does not cover pre-existing conditions nor the treatment of mental and nervous disorders.**

The delegate agrees to follow the Montana 4-H safety guidelines, at all times. I/we understand that the safety guidelines are based on insurance coverage rules and exclusions. If the delegate is injured while participating in a prohibited activity, I/we will be responsible to pay for the resulting medical bills.

LIABILITY RELEASE

This liability release covers the time period from when the delegate departs his/her home state until he/she returns to his/her home state. While under the sponsorship of Montana 4-H, the delegate may not participate in any high-risk activities including, but not limited to, the following:

- hunting
- paintball
- mountaineering & rock climbing
- scuba diving
- jet-skiing
- water skiing
- snorkeling
- bungee jumping
- hang gliding
- glider riding
- parachuting
- parasailing
- hot air ballooning
- sky diving
- driving
- motorcycle/motor scooter driving/riding
- operating motorized lawn equipment
- operating farm equipment
- driving/riding motorized recreational vehicles
- driving/riding all-terrain vehicles
- horse racing
- spelunking

I/we, the undersigned, authorize the delegate to participate within the program guidelines established by Montana 4-H. I/we hereby release Montana 4-H, Montana State University and MSU Extension (their personnel and volunteers), and the international partner organization, program chaperones, and host families, past and present from any and all current and future claims, losses, expenses, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by the delegate during the time he/she is a participant in the program.

I/we agree to supply the delegate with spending money to cover his/her personal needs and expenses for the duration of the program and return home. I/we understand and agree that Montana 4-H is not responsible for the delegate’s money or personal property, whether lost or stolen, while he/she is participating in the program.

I/we certify that all information provided in the Outbound Delegate Application is correct and complete, including medical history. I/we also understand that any changes in the information provided, including but not limited to changes in the delegate’s medical history or condition, must be reported to Montana 4-H immediately. I/we understand that withholding information and/or providing incorrect information and/or not reporting changes after the medical form has been submitted are grounds for possible termination from the program and repatriation at my/our expense with no refund of program fees.

PHOTO/MEDIA RELEASE

I/we grant Montana 4-H, Montana State University and MSU Extension (their personnel and volunteers), and the international partner organization, and 4-H clubs unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other

