



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

2020 OUTBOUND DELEGATE APPLICATION

Full Name: _____ State: _____

(First name)

(Last name)

Instructions: In the program ranking row, please indicate the countries/programs for which you are applying in order of preference (#1-7). If you are applying to the Japan Programs, please select a homestay organization (Labo or LEX). Final acceptance will be announced in January 2020.

For your state's application deadline, payment schedule and program fee, contact your State Coordinator.

Program	Japan 8-week 6/10/2020 - 8/6/2020	Japan 4-week 7/8/2020 - 8/6/2020	South Korea 7/15/2020 - 8/13/2020	Norway 6/24/2020 - 7/24/2020	Costa Rica 6/18/2020 - 7/17/2020	Taiwan 6/28/2020 - 7/28/2020	Romania 6/24/2020 - 7/24/2020
Program Fee	\$3,875	\$2,725	\$2,430	\$2,200	\$1,775	\$2,200	\$1,775
Airfare Estimate	\$1,700 - \$2,600	\$1,700 - \$2,600	\$1,300 - 2,300	\$1,300 - \$2,000	\$800 - \$1,300	\$1,300 - \$2,300	\$1,300 - \$2,000
Program Ranking							
Organization	1 st 4 Weeks: Labo 2 nd 4 Weeks: Labo/LEX (circle preferred)	Labo, LEX, No Preference (circle preferred)	Korea 4-H	Norge 4-H	CONAC 4-S	Taiwan 4-H	Romania 4-H

Payment Due Dates (to States' 4-H Office in Seattle):

December 1*: First deposit due with application for following programs. Check will not be deposited until applicants notified of acceptance in January.**

- \$2,000 for Japan 8-week
- \$1,500 for Japan 4-week, South Korea, Taiwan, Norway, Romania
- \$1,000 for Costa Rica.

**Some states may have earlier application deadlines in order to review documents. Consult with your State Coordinator.*

***Should applicant not be accepted, the first program deposit will be returned.*

February 1: Second deposit due for following programs:

- \$2,000 for Japan 8-week,
- \$1,500 for Japan 4-week, South Korea, Taiwan, Norway, Romania
- \$1,000 for Costa Rica

****Third and final payment pays for the remainder of airfare; includes any scholarships received and any additional costs (unaccompanied minor, travel agent fee, etc.).*

April 15: Remaining payment due ***

Application Checklist: Only fully completed applications will be accepted.

- | | | |
|---|---|---|
| <input type="checkbox"/> Basic Information | <input type="checkbox"/> References | <input type="checkbox"/> Letter to Host Family |
| <input type="checkbox"/> Health & Allergy Information | <input type="checkbox"/> Photos | <input type="checkbox"/> First Deposit (amount varies by country selection) |
| <input type="checkbox"/> Introduction to Host Family | <input type="checkbox"/> Essay | |
| <input type="checkbox"/> Additional Information | <input type="checkbox"/> Short Answer Questions | |

Signature of parent/legal guardian

Print parent/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.



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

2020 OUTBOUND DELEGATE APPLICATION

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. Failure to correctly indicate full name as listed on passport may result in ticket change fees incurred by applicant

Name you prefer to be called _____

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

Grade (for 2019-20): _____ 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 / LEGAL GUARDIAN:

Guardian #1 Name: _____ Relationship to applicant: _____

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

E-Mail: _____ Occupation: _____

Guardian #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 medical 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 and include any details about diagnosed depression, anxiety, etc. in order for us to best support applicants during the program.

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 and Ritalin are illegal in Japan. Make sure all of the medication you plan to bring is legal in the international country you are traveling 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 ☐ Kosher ☐ Halal ☐ 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 in your free time?

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

Your personality characteristics:

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

HOST FAMILY REQUEST:

☐ Any host family assigned is acceptable.

☐ I request to be hosted by the following family:

(Please note that we cannot guarantee that the preferred host family will be available):

Choice #1	Family Name	First Name	Organization:
Address:			
Phone:		Email:	
Choice #2	Family Name	First Name	Organization:
Address:			
Phone:		Email:	

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 in my state: ☐ Yes ☐ No ☐ Not yet but I would like more information about joining
- c. When is your last day of school for 2019-2020 (mm/dd/yy)? _____
- d. When is your first day of school for 2020-2021 (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, please note that an alternative airport within approximately 100 miles of the listed ones may be chosen at States' 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 an international exchange student(s) before? ☐ Yes ☐ No

If yes, what year and through which organization(s) did you host? (Please list all.)

- b. Have you hosted a Japanese exchange student through 4-H in the past (2016 or before) and are you applying for Japan Outbound program? If so, please fill in the list below. You may be eligible for a Hosting Grant (for Japan Outbound applicants only).

Japanese Participants' Name(s)	Academic Year	Organization (Labo/LEX)

***State Coordinators ONLY:** Please verify the record and initial here: _____

- c. 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

DEMOGRAPHIC INFORMATION (Optional):

States' 4-H does not discriminate on the basis of race or ethnicity. In order to track the effectiveness of our recruitment outreach, please consider the following optional question. Please note that your answers will be kept strictly confidential and will only be used in aggregate.

How do you identify yourself? (Please check all that apply)

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino

- ☐ Native Hawaiian or other Pacific Islander
☐ White
☐ Other: _____
☐ Prefer not to answer

5. References:

Instructions: Please send the attached reference form to TWO different individuals, who will then complete the reference form and return it to your state coordinator. 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 and one other adult non-family member.

Name: _____ Position-Title/Relationship: _____

Address: _____

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

Email: _____

Name: _____ Position-Title/Relationship: _____

Address: _____

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

Email: _____

6. **Essay:** Please write 2-3 paragraphs for each of the following questions. Attach an additional page if you need more room.

- a. Why are you interested in participating in this exchange? What specific aspects of your selected country's culture are you most interested in learning more about?

- b. What does being an engaged, globally conscious person mean to you?

- 7. Short Answer Questions:** Please answer the following questions in the space provided using 3-5 sentences for each question. Attach an additional page if you need more space.
- a. This exchange is a cultural immersion program. All host countries will have cultural differences from your home, community, county, and state. What experiences do you have interacting with people from different backgrounds? Please share an example of a time you were faced with an unfamiliar cultural situation, how you reacted, and what you learned.
 - b. What kinds of situations take you out of your comfort zone? How do you cope when feeling uncomfortable? In what ways do you communicate your discomfort?
 - c. Are you raising money to participate in this program? If so, how?
 - d. It has been 2 weeks since you arrived abroad. Up until now, your host family has been doing many activities with you. However, your host family has become busier with work and school and you have limited to no internet access (email, social media, cell phone, etc.). Please list 3-4 specific ideas of how you would spend your down time.
 - e. In what ways will you share your experience with others once you return home? How will you remain involved in 4-H and in cross-cultural opportunities after your international travel?

8. **Letter to Host Family:** Either handwrite or type a letter to your host family introducing yourself, your family, and your interests. Describe the activities you would like to do together. This letter will be your future host family's first chance to get to know you.



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

2020 Outbound Program Terms & Conditions

The **2020 Outbound Program Terms and Conditions** as outlined below pertain to the 2020 States' 4-H International Exchange Programs Outbound Programs. States' 4-H International reserves the right to modify these Terms and Conditions at its discretion. When or if changes do occur, States' 4-H will make a new copy of the Terms and Conditions available in an expedient manner.

Application & Acceptance

Applications for the 2020 States' 4-H International Outbound Exchange Programs are due by December 1, 2019. Once you apply and submit your application, you agree to:

- Follow the program deadlines as outlined below
- Adhere to the full **2020 Outbound Program Terms and Conditions**, including the Delegate Code of Conduct
- Notify your State Coordinator immediately if you wish to cancel your program participation

Program Deadlines

The below table outlines the key program deadlines throughout the year, including payment schedules and document submissions to States' 4-H. Please note that only fully-paid delegates will be allowed to participate in departure orientations and international travel.

Date Due to States' 4-H	Materials Due to States' 4-H
December 1, 2019	➤ Completed Application ➤ First Program Deposit
January 15, 2020	➤ Signed Acceptance Letter
February 1, 2020	➤ Second Program Deposit
March 1, 2020	➤ Medical Form & Passport Scan
April 15, 2020	➤ Remaining Program Balance

In some instances, individual states may set deadlines that are slightly different than the ones listed above. Please check with your state coordinator for your state-specific deadlines.

Program fees include:

- Welcome packet; overnight national departure orientation; arrival orientation in host country; Accident & Sickness Medical Insurance; in-country transportation, lodging, and meals while on-program¹; country-specific activities as determined by international partner organizations.

Program fees do *not* include:

- Round-trip airfare from applicant's home airport; potential unaccompanied minor fees as required by airlines; travel agent booking fees; applicable checked baggage fees; medical appointments prior to travel; vaccinations; applicable passport application fees and/or visa costs; personal spending money.

Program Cancellation & Refund Policy

The program cancellation and refund policy outlined below will be strictly adhered to in order to ensure consistency and fairness across the program.

- Program Cancellation prior to January 31, 2020: \$300 cancellation fee. The remainder of the first deposit will be refunded to the applicant.
- Program Cancellation between January 31, 2020 – February 15, 2020: Cancellation fee will equal 100% of first deposit.
- Program Cancellation after February 15, 2020 – no refund of paid deposits.
- 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 (airline credit may apply).

¹ *Lunches during the Nihongo program are not included.*

Program Activities

- **Departure Orientations²:** States' 4-H delegates will participate in both state-level and national pre-departure orientations prior to international travel to familiarize themselves with their travel cohort, review States' 4-H policies and procedures, and prepare for their international travel.
- **Arrival Orientation:** Upon arrival in their country of travel, delegates will spend 1-2 days as a group participating in an arrival orientation prepared by States' 4-H international partner organizations prior to meeting their host families.
- **Immersive Homestay Experience:** Delegates will spend approximately one month with a pre-screened host family to experience the everyday life and culture of another country.
- **Departure Debriefing:** At the conclusion of the homestay experience, delegates will reconvene to reflect on their experiences, plan on how to remain connected, and prepare for departure to the United States
- **Additional Activities:** Additional activities as planned by the States' 4-H international partner organizations can include sightseeing, cultural excursions, overnight camps, etc...

Program Evaluations

At periodic intervals throughout the program, States 4-H may administer program evaluations to assess participant outcomes and identify ways to improve future programming. Participants must complete all program evaluations as part of their participation in the States' 4-H Outbound Programs.

International Travel Provisions

A. International Flights

- Applicants will designate two local airport options as their preferred airports for air tickets. States' 4-H will purchase air tickets on the designated program dates at their discretion, based upon flight routing and flight cost. Airline tickets are issued in mid- to late-February.
- Prior to final flight purchase, program travel dates may fluctuate 1-2 days based upon flight availability.
- In the event that an applicant's preferred airports cannot be accommodated (based upon airport location, flight cost, scheduling, routing, or other exception), States' 4-H may use an alternate airport within approximately 100 miles of the applicant's home address for international travel.
- Flights may depart as early as 5:00 AM and return as late as 12:00 AM.
- Airfare is non-refundable and non-transferable once issued.**
- Flights will be booked using the applicants **full name** and **date of birth** as indicated on page 3 of the Outbound application. It is the applicant's responsibility to ensure that their name and date of birth *exactly* matches their passport. In the event that an applicant does not yet have a passport at the time of application, they should ensure that they apply for one using the *exact* name that they recorded on the application. Any additional airfare and/or ticket change fees that occur as a result of an incorrect name/date of birth are the responsibility of the applicant.
- Applicants **MUST** adhere to international itinerary purchased on their behalf by States' 4-H. Applicants may not 'extend' their travel or modify their itinerary in any way.
- Applicant's airline miles cannot be used to purchase flights.

B. Baggage Policy

Applicants are required to bring only one checked bag during international travel. All checked baggage fees incurred on domestic and/or international flights are the responsibility of the applicant.

C. Passport Information

Applicants must have a passport that is valid for at least 6 months after their intended return date. Applicants under 16 years of age must apply in-person. More information can be found at the following link:

<https://travel.state.gov/content/travel/en/passports/apply-renew-passport.html>

D. Unaccompanied Minor Fees

Based upon their age and the airline requirements, in some instances applicants may incur Unaccompanied Minor fees during their domestic travel. While these policies vary by airline, the general policy is that a traveler is considered an "Unaccompanied Minor" if they are under the age of 15 and are *not* traveling with anyone 18 years of age or older. Unaccompanied Minor fees are approximately \$150 each way. Any

² During national departure orientation and/or arrival orientation, two delegates of the same gender may share a bed. If either the applicant or the natural parents are uncomfortable with this arrangement, they must notify States' 4-H in advance and agree to pay the cost difference for a single bed. Roll-away beds may be available in select hotels.

Unaccompanied Minor fees incurred during the participation in a States' 4-H Outbound Program are the responsibility of the applicant.

Safety Guidelines

While under the sponsorship of States' 4-H, covering the time period when the participant departs his/her home state until he/she to his/her home state, the participant 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

International Health Coverage

Applicants will be provided with Accident & Sickness Medical Insurance during international travel. This coverage is considered secondary coverage and will supplement any primary sickness and accident insurance that the applicant may already have. This insurance provides coverage for accidents, injuries, or illnesses that occur and are treated while the delegate is out of the Home Country. The insurance coverage is limited to a \$250,000 maximum medical expense per person. The applicant is responsible for any medical expenses above and beyond, including coverage determined to be in excess of *reasonable and customary*, as defined by the insurance provider. **Program insurance does *not* cover preexisting conditions nor the treatment of mental and nervous disorders.**

The applicant is required to follow the States' 4-H Safety Guidelines at all times. The Safety Guidelines are based on the insurance coverage rules and exclusions. If the applicant is injured in a prohibited activity, the applicant and/or their family will be responsible to pay for the resulting medical bills.

Vaccinations

States' 4-H requires that all applicants have routine vaccinations³ completed prior to travel. In the event that a separate vaccination is required for entry into a country of travel, applicants must also receive that appropriate vaccination prior to international travel. For all other vaccinations, States' 4-H recommends that applicants consult their physician and follow the guidance of the Center for Disease Control (CDC) for their destination country.

In the event that an applicant does not receive vaccinations due to personal or medical reasons, they must complete a vaccination waiver form prior to international travel. Please note that some international partners may require some specific vaccinations for international travel.

Host Family Placements

In their application, applicants may request to be placed with a specified host family in their preferred country of travel ("docking request"). While every effort will be made to place the delegate with the requested host family, please note that this placement is not guaranteed.

International partner organizations make every effort to successfully place delegates with host families. In rare cases, delegates may have substantial medical conditions that present unique challenges and/or require unique knowledge or experience on the part of the host family to ensure the delegates' safety and well-being while abroad. In rare cases, medical conditions may result in late placement or non-placement of the delegate if the care required is above and beyond what a host family can be expected to provide.

In the case of specific medical conditions and/or allergies, States' 4-H will request additional supplemental medical information as required by our partner organizations.

Secondary Selection of Applicants

Some programs may have minimum and/or maximum group size nationwide. In the event that the number of program applications exceeds the hosting capacity in an outbound country, States' 4-H will review and select finalists based upon an application scoring rubric provided to each State Coordinator.

³ *Routine vaccinations include MMR, Chickenpox, Polio, DTP, TB*



States' 4-H International Exchange Programs 2020 Outbound Comprehensive Release Form

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 States' 4-H International Exchange Program "States' 4-H."

MEDICAL RELEASE

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

LIABILITY RELEASE

I/we understand that while under the sponsorship of States' 4-H, covering the time period when the delegate departs their home state until they return to their home state, 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 as established by States' 4-H. I/we hereby release States' 4-H (Board, staff, and volunteers), partner Land Grant Institutions (their personnel and volunteers), 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 States' 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 **2020 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 States' 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 States' 4-H and its representatives, the States' 4-H Board, international partner organization(s), and 4-H clubs unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about the delegate and reproductions of the delegate's likeness (photographic or otherwise), whether or not related to any affiliation with 4-H, with or without the delegate's name. I/we hereby waive any right that I/we may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

DELEGATE CODE OF CONDUCT

The following are the terms of participation for States' 4-H. Delegates are expected to observe the following during the entire exchange period covering the time they leave their home state until the time they return to their home state.

1. Delegates must abide by the laws of the host country, host state, and hosting organization.
2. Delegates must show respect for 4-H, program staff, chaperones, and their fellow participants in the U.S. and abroad.
3. Delegates must obey host family rules about things such as, but not limited to, curfews and household chores. Delegates may not have guests in the host family's home without their host parent's permission.
4. Delegates should talk to their State Coordinator, Program Chaperone, or appropriate organization staff concerning problems they are having and avoid speaking of their host family's private affairs to community members and friends.
5. Delegates may not change host families without approval.
6. Delegates must always be aware of their responsibilities as an exchange participant and make a determined effort in their host family.
7. Delegates must not participate in any sexual contact or sexual activity, including possessing or viewing pornographic material.
8. Delegates must not take any action that may change the nature or course of their life, e.g. getting married, changing religion, etc.
9. Delegates are not allowed to purchase or use a firearm.

10. Delegates may not possess or use drugs except those prescribed by a licensed physician or over-the-counter medications such as aspirin.
11. Delegates are not permitted to purchase or drink alcoholic beverages.
12. Delegates are not permitted to smoke or use other tobacco products.
13. Delegates must not possess or use fireworks.
14. Delegates are not allowed to gamble
15. Delegate must respect and abide by host family and hosting organization rules in relationship to use of computer, internet, cell phone, and e-mail. Delegates must also practice safe use of the internet and must not share theirs or their host family's personal contact information on public websites, nor post inappropriate comments/photos on social media networking sites.
16. Delegates are not allowed under any circumstances to access websites containing pornography, chat rooms, dating apps, or any other sites deemed inappropriate by the host family or program officials.
17. Delegates must return to their home country on the date and using flight itinerary ticketed by States' 4-H.
18. Delegates must obtain prior consent from the host family and the appropriate organization contact before planning personal travel of any kind.
19. Delegates must follow States' 4-H program safety guidelines at all times.

I/we have read and understand the above information and agree to the 2020 Outbound Program Terms and Conditions. I/we understand that failure to comply with these rules may be grounds for dismissal from the States' 4-H International Exchange Programs and that I/we may be sent home at once at our expense for violating the rules above. In addition, I/we must be in good standing from the time of acceptance through the exchange period, and failure to comply may be grounds for dismissal from States' 4-H program participation.

I/we CERTIFY that all information in this application is true and complete to the best of our knowledge. I/we understand the purposes and objectives of the States' 4-H International Exchange Programs and agree to participate within the framework of the program. The signature of the undersigned delegate and parent(s)/legal guardian(s) indicates a complete understanding of and a willingness to abide by the above Travel Release, Medical Release, Liability Release, Photo/Media Release, Code of Conduct, Safety Guidelines, and accompanying 2020 Outbound Program Terms and Conditions document.

Signature of delegate

Print delegate's name

Date

*Signature of legal guardian #1

Print legal guardian #1's name

Date

*Signature of legal guardian #2

Print legal guardian #2's name

Date

*In the case of divorced parents:

1. For divorced parents/legal guardians with joint custody, both legal guardians must sign above.
2. For single parent homes and for divorced parents where one parent is awarded full custody, only one guardian needs to sign above. The same guardian must sign below:
By signing below, I attest that I have sole custody of the child listed above.

Signature of Parent or Guardian _____ Print Name _____ Date: _____

Based on my assessment of the delegate's application and interview details, I recommend him/her/them for participation in the 2020 States' 4-H Outbound Programs. (Please carefully verify delegate's airport selection)

County Agent

Print County Agent's name

Date

State Coordinator

Print State Coordinator's Name

Date