



## Unitarian Universalist Fellowship of Briarcliff, Croton and Ossining – Youth Exchange Program – Youth Application

**FULL LEGAL NAME:** \_\_\_\_\_  
(First) (Middle) (Last) / (Prefer to be called name)  
Gender: \_\_\_ Grade: \_\_\_ Age: \_\_\_ Birth Date: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_  
(M/D/Y)

**HOME ADDRESS:**

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Applicant's E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

**PARENT / GUARDIAN:**

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Home Phone:( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Home Phone:( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_  
Names & Age(s) of Brother(s) & Sisters \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: ( ) \_\_\_\_\_ Home Phone:( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

**Name & Contact Information for Youth Doctor**

\_\_\_\_\_

**RELIGION (if any):** (For your host family's information) \_\_\_\_\_

**Has youth participated in "Coming of Age," "Our Whole Lives" or equivalent programs?**

\_\_\_\_\_

**FAMILY MEDICAL INSURANCE CARRIER:** \_\_\_\_\_ ID#: \_\_\_\_\_ Group # : \_\_\_\_\_  
**FAMILY ACCIDENT & LIABILITY INSURANCE CARRIER:** \_\_\_\_\_ ID#: \_\_\_\_\_ Group # : \_\_\_\_\_  
**FAMILY TRAVEL INSURANCE CARRIER:** \_\_\_\_\_ ID#: \_\_\_\_\_ Group # : \_\_\_\_\_

*(Participants are responsible for obtaining and/or maintaining medical insurance policies providing coverage while the participant is in the exchange program in a foreign country)*

**LANGUAGE ABILITY** Please indicate: Excellent - Good - Fair - Poor - None.

Language	Reading	Writing	Speaking	Comprehension	Years Studied

**TRAVEL:**

- Please indicate (in order of preference) three different two week periods for your period of exchange: \_\_\_\_\_
- Have you flown domestically before?  Yes  No Internationally?  Yes  No
- Do you have a current passport?  Yes  No Expiration Date: \_\_\_\_\_  
Passport Number: \_\_\_\_\_

**MOST RECENT FOREIGN TRAVEL EXPERIENCES**

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

**EDUCATION:**

Current Status (circle all that apply): High School Student High School Graduate Post Secondary Student

Current or Last School or College/University \_\_\_\_\_  
 Grade/Year \_\_\_\_\_ College/University Graduate Degree Earned \_\_\_\_\_  
 Major/Minor \_\_\_\_\_  
 Career or Career Plans \_\_\_\_\_

**Note: Youth lacking proficiency in the language of the host country must commit to and undertake a minimum of 20 hours of instruction in that language.**

**UU & SCHOOL LEADERSHIP & OTHER EXPERIENCE:**

Are you currently a member of a UU Fellowship?  Yes  No Where located \_\_\_\_\_

**LEADERSHIP AND RELATED EXPERIENCE:** (Include experiences in civic, school, church, etc...)

Organization	Years of Membership	Leadership & Other Responsibilities

**HOST FAMILY REQUEST:**

We have hosted an international exchange student before (List.)

Name	Year	Organization	Country

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Any host family assigned is acceptable.

I request to be hosted by:

Family Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

If the above family is unavailable, I'd like to be hosted by:

Family Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

**AT-A-GLANCE HEALTH SURVEY:** In order to make your homestay more enjoyable for you and your host family, please answer the following questions. Be as specific as possible. *(If you need more room, please attach another sheet of paper.)*

**ALLERGIES:** List ALL non-food allergies: \_\_\_\_\_

**DIET:** 1. List all food allergies (shellfish, peanuts, etc.): \_\_\_\_\_

2. Are you a vegetarian?  Yes  No If YES, please list what you CANNOT eat:

3. Please list all other special dietary needs & restrictions:

**SMOKING:**

- I may NOT be placed with a smoking family.
- I may be placed with a smoking family, but prefer non-smoking.
- A smoking family is acceptable for me.

**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, I may be placed with them:  
\_\_\_\_\_
- I am strongly allergic to the following animals & cannot be placed with them in the home:  
\_\_\_\_\_
- I am afraid of some pets & animals. Please do not place me in a home with the following:  
\_\_\_\_\_

**OTHER HEALTH CONCERNS:**

Do you have any specific physical/mental condition of which your host family should be made aware?

Yes  No List: \_\_\_\_\_

Are you taking any medications?  Yes  No List All: \_\_\_\_\_

Are there any physical activities you are restricted from doing?  Yes  No \_\_\_\_\_

Height: \_\_\_\_\_ feet \_\_\_\_\_ inches      Weight: \_\_\_\_\_ lbs.

**INTRODUCTION TO YOUR HOST FAMILY:**

What activities do you enjoy? (check as many as apply to questions below)

- 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
- sports(types: \_\_\_\_\_)
- musical instruments (types: \_\_\_\_\_ )  Animals (types: \_\_\_\_\_ )
- other activities: \_\_\_\_\_

Your personality characteristics:

- tidy curious shy emotional cheerful quiet patient talkative humorous/funny
- sociable tolerant serious other: \_\_\_\_\_

What do you usually do in your free time?

- movies museums reading studying shopping sports events other: \_\_\_\_\_

What type of TV programs do you enjoy watching?

- educational adventure game shows musicals comedies drama movies sports
- news

What kind of books do you enjoy reading?

- science fiction classics non-fiction mysteries poetry humor fiction anime other

What type of music do you enjoy?

- classical disco show-tunes popular folk country & western jazz rock rap/hip-hop

What qualities do you value most in people?

- loyalty kindness patience intelligence sense of humor decisiveness politeness
- honesty
- sociability generosity curiosity hard-working

Please list some of your hobbies and interests to share in host country:

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

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**SPECIAL STUDY INTEREST:**

While abroad, you should focus on a specific area of interest for reporting back to your UU Fellowship. Please describe an area of interest on which you will study (e.g. economics, politics, environment, customs, arts, architecture, holidays, foods particular to the country, educational systems, youth organizations, etc.) How will you learn about your country and topic before the trip?

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**REFERENCES:**

- UU members are required to name at least one UU Member and one school representative and one other non-relative adult.
- Non-UU 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: (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Position-Title/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**REQUIRED ESSAY**

On a separate paper, submit a typed essay (1 page) that answers the following questions:

1. Introduce yourself & your family.
2. What are your expectations for this exchange?
3. Why do you want to participate?

**I CERTIFY that all information on this application is true and complete to the best of my knowledge. I understand the purposes and objectives (see attached) of the UU Exchange Program and agree to participate within the framework of the program.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian (If applicant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
UU Minister or Leader or Director of Legal Education

\_\_\_\_\_  
Date

*Attach at least one photo of yourself.  
You may add a photo page or submit a digitized photo*

**Return to: Complete, scan and email by April 10 to: [shahan.islam@pfizer.com](mailto:shahan.islam@pfizer.com)**

**OR Fax to: +646-563-9578    Tel: +347-603-6869**

**AND Mail original to: Shahan Islam**

**1704 Half Moon Bay Drive/Croton on Hudson, NY 10520 USA**



**Unitarian Universalist Fellowship of  
Briarcliff, Croton & Ossining  
MEDICAL FORM (Minor) for Exchange  
Program  
- to be completed by physician**

Participant's Name: \_\_\_\_\_ State: \_\_\_\_\_

Destination Country: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**To the Examining Physician: This individual is applying for a two week cross-cultural exchange program. Participants live as a member of a family in a host country. Not everyone is equipped mentally and physically for this experience. The applicant must have a high degree of motivation and the ability to adjust to different social and cultural backgrounds - sometimes under difficult circumstances. Sound health is vital. Your careful and complete evaluation of the applicant's health will be helpful in determining his/her assignment. If the applicant is accepted for participation, necessary immunizations will be required.**

**1. Inoculation History**

Vaccine	Number	Date of injection	Vaccinated by/at	Contracted or not?	Date contracted (M/D/Y)
Measles	1st			Yes / No	
	2nd				
Mumps	1st			Yes / No	
	2nd				
Rubella	1st			Yes / No	
	2nd				
Chickenpox				Yes / No	
Polio (OPV)	1st			Yes / No	
	2nd				
	3rd				
	4th				
DPT Diphtheria Pertussis Tetanus	1st			Yes / No	
	2nd				
	3rd				
	4th				
	5th				
Tuberculosis					
Vaccine type for TB					
Hepatitis B	1st				

	2nd				
	3rd				
Others					

**2. Is this person subject to any of the following? If YES, please explain condition and/or frequency.**

**Condition/Frequency**

- Asthma/Respiratory Problems Yes  No  \_\_\_\_\_
- Diabetes/Hypoglycemia Yes  No  \_\_\_\_\_
- Heart Trouble Yes  No  \_\_\_\_\_
- Lung Trouble Yes  No  \_\_\_\_\_
- Fainting Spells Yes  No  \_\_\_\_\_
- Convulsions Yes  No  \_\_\_\_\_
- Epilepsy Yes  No  \_\_\_\_\_
- Skin Disease Yes  No  \_\_\_\_\_
- Kidney/Gall Bladder/Liver Disease Yes  No  \_\_\_\_\_
- Muscular/Skeletal Problem Yes  No  \_\_\_\_\_
- Emotional or Mental Disorder Yes  No  \_\_\_\_\_
- Stomach/Intestinal Problem Yes  No  \_\_\_\_\_
- Any Other Disorder (Please list and explain)

**3. Does he/she have any allergies or reactions to drugs or non-drug items?**

• **Medicines:**

Penicillin or Related Drugs: Yes  No

Aminopyrine or Sulpyrine Type Drug: Yes  No

Others: \_\_\_\_\_

• **Non-Drug Items:**

Bees  Pollen,  Dogs  Cats  Small Animals

Foods \_\_\_\_\_

**4. Does he/she have difficulties with any of the following?**

**Remarks**

- Eyes Yes  No  \_\_\_\_\_
- Uses Contact Lenses Yes  No  \_\_\_\_\_
- Ears Yes  No  \_\_\_\_\_
- Nose Yes  No  \_\_\_\_\_
- Throat Yes  No  \_\_\_\_\_
- Digestion Yes  No  \_\_\_\_\_
- Sleepwalking Yes  No  \_\_\_\_\_
- Bed-Wetting Yes  No  \_\_\_\_\_

Menstrual problems Yes  No  \_\_\_\_\_

Any other Difficulties: (Please list) \_\_\_\_\_

Any surgical operations, accidents, or injuries which required hospitalization in the past?

Yes  No  Explain: \_\_\_\_\_

Any recent exposure to a contagious disease?

Yes  No  Explain: \_\_\_\_\_

- If applicant is carrying medicines/prescriptions, fill in the following. Put "P" for prescriptions.

Name of medicine	For what illness/symptoms	Dosage/Times taken
_____	_____	_____
_____	_____	_____

- Are there any physical activities that applicant is restricted from doing? If YES, please list.

Yes  No  If so, what kind? \_\_\_\_\_

- Any additional information the host parents should be aware of?

Yes  No  Explain: \_\_\_\_\_

- Is this person currently under a doctor's care?

Yes  No  Explain: \_\_\_\_\_

- Considering the statements above, your examination, and any information you may have provided in connection with the above questions, is there any reason you would question this applicant's participation in this program?

Yes  No  Explain: \_\_\_\_\_

For additional comments, please use an extra sheet of paper.

Date of examination upon which this report is based: \_\_\_\_\_

**I have given a thorough physical examination and reviewed the medical history of the candidate. I certify that all important medical information has been included and that the above information is complete and accurate.**

<p><b>Physician's Name/Address</b></p> <p>_____</p> <p>_____</p> <p>Date: Month/Day/Year _____</p>
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<p><b>Physician's official stamp and signature</b></p>
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## Unitarian Universalist Fellowship of Briarcliff, Croton and Ossining – Youth Exchange Program – Host Family Application

### Family Data:

Last Name:		First Name(s):	
Street:		PO Box:	
City:		State/Prov:	
Postal/Zip Code:	Country:	Home Phone:	
Business Phone:	E-Mail:		
Names/Ages of Children at Home:			
Do you have pets? Yes <input type="checkbox"/> No <input type="checkbox"/> Does anyone in the home smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Occupation of Each Parent		Religion (if any):	
Full Address of Mother's Work			
Full Address of Father's Work			
Desired Host Dates, Gender, Age		From:	To:
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Either <input type="checkbox"/>	Preferred Age:
Family Activities / Special Interests:			
Usual Climate During exchange Period:			
Cool <input type="checkbox"/>	Warm <input type="checkbox"/>	Hot <input type="checkbox"/>	Sunny <input type="checkbox"/>
		Rain <input type="checkbox"/>	Snow <input type="checkbox"/>
Is one parent home during days? Yes <input type="checkbox"/> No <input type="checkbox"/> Is applicant or spouse a UU? Yes <input type="checkbox"/> No <input type="checkbox"/>			



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**PLEASE AFFIX PHOTOGRAPHS HERE**

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OR Fax to: +646-563-9578    Tel: +347-603-6869**

**AND Mail original to: Shahan Islam  
1704 Half Moon Bay Drive  
Croton on Hudson, NY 10520 USA**

**UNITARIAN UNIVERSALIST FELLOWSHIP OF BRIARCLIFF, CROTON & OSSINING,  
FIRST UNITARIAN SOCIETY OF WESTCHESTER  
AND THE DEUTSCHE UNITARIER YOUTH EXCHANGE  
2010– RISK ASSUMPTION AND LIABILITY WAIVER FORM**

***PREAMBLE***

Participation in the Unitarian Universalist Fellowship of Briarcliff Croton and Ossining (UUBCO), First Unitarian Society of Westchester (FUSW) and the Deutsche Unitarier (DU) Youth Exchange 2009 Program (the "Program") is completely voluntary. All participants (and his/her parents or legal guardians) in the Program are required to execute this Risk Assumption and Liability Waiver Form through which the participants assume all risks attendant with their participation in the Program and release UUBCO, DU and the First Unitarian Society of Westchester, their directors, trustees, employees, agents and representatives (collectively and individually Released Parties) from any and all liability and claims which might arise as a result of their participation in the Program.

The UUBCO/DU Exchange Program is an exceptional cultural, educational and religious opportunity, but it is not without certain risks, dangers, and hazards participants may be exposed to. Possible risks include, but are not limited to personal injury, death, property damage, expense and other loss, delay or inconvenience (Loss). The Statement of Risks set fourth below is intended to inform participants (and his/her parents or legal guardians) of the general nature of the risks associated with participation in the Program. It is not intended to be an exhaustive list of the various risks to which participants may be exposed as a result of their participation in the program. UUBCO review the applications of the host families, contact references provided by them and may review other available information. Each participant and his/her parent(s) or guardian(s), however, should perform their own inquiry concerning his/her host family and associated living and travel arrangements. The Released Parties do not make any representations or warranties concerning the host families, the host congregation or any arrangements. It is up to each participant and his/her parent(s) or guardian(s) to determine the program and arrangements are appropriate and safe.

***STATEMENT OF RISKS***

The Program involves all the risks inherent in international travel. The majority of the Program will take place in the city/town/village of the host family as agreed to by the participant, his/her parents or legal guardian and the host family. There are significant risks, dangers and hazards which all travelers face. These possible risks include, but are not limited to, poor road and transportation systems, diseases, exposure to wildlife, political instability and threats of terrorism. It is always possible that the Program might not be completed or may be curtailed or cancelled, due to weather, illness, political disturbances, terrorism, motor vehicle accidents, transportation problems, failure to perform on the part of the travel agents, airlines, problems relating to customs, immigration or visa requirements, or other circumstances either within or beyond the control of UUBCO/DU.

***ASSUMPTION OF RISK BY PARTICIPANT***

I, the participant and the undersigned parents/legal guardian (collectively "we") understand that as a result of my participation in the Program I may be exposed to various known and unknown risks that I could suffer Loss, personal injury or death as a result. I/we freely and voluntarily accept and assume personal and sole responsibility for any Loss I may suffer as a result of any aspect of my participation in the Program.

***LIABILITY WAIVER***

I/WE RELEASE AND SAVE HARMLESS the Released Parties from any and all liability for any Loss that I may suffer as a result of or associated with my participation in the Program including, without limitation, Loss accruing after the termination of the Program or associated with my activities that are not sanctioned by the UUBCO, DU or the FUSW.

This Risk Assumption and Liability Waiver inures to the benefit of only the Released Parties and does not create any rights or constitute a waiver or release with respect to any other parties.

**I/we have read this document carefully and acknowledge my understanding that signing it affects my legal rights.**

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

**If you have any question or concerns you are encouraged to seek independent legal advice.**

UUBCO/DU reserves the right to cancel the exchange program due to insufficient enrollment or other factors beyond its control.

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