



PART 2: Application for 2007 18+ Community Service Year & Semester Programs

Tape one 3 x 3 photo here of you, alone, facing forward. It should fit in the box. Paperclip 2 copies of the photo inside this page. Print your name and USA on the back of each photo.

CANDIDATE'S NAME LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER CURRENT HIGH SCHOOL OR COLLEGE / UNIVERSITY

CITY STATE

YOUR AFS VOLUNTEER CONTACT YOUR AFS APPLICATION TEAM

Staff Use Only

Pre-App. Rec'd _____
Pre-App. Fee Rec'd _____
App Rec'd _____
Deposit Rec'd _____
Area Team _____

APPLICATION CHECKLIST

This checklist is designed to help you be sure your Application is complete. If any information, forms, or signatures are missing, there will be a delay in processing which might affect your chance of being selected for the country and program you want most.

If you have any trouble completing these forms, call your local volunteer or call AFS at 1-800-237-4636.

Completed Application must include:

- \$75 Application Fee (if not already submitted with the Preliminary Application)
- \$500 Tuition deposit

The following to be completed or provided by candidate:

- Personal Information and Placement Information (Forms CS1 & CS2)**
- Community Placement Information (Form CS4)**
 - Photo Page (Should be 8.5 x 11 size – multiple pages are Ok, but they should be unbound)
 - Project Interests (Should be about 2 pages, typed single spaced, and must be in English)
 - Please include a copy of your most current résumé
- Program and Country Preferences (Inside back cover)***
- Three Photos** (one for front cover and two others—in addition to photo page)
- Parental Authorization Form or Self Permission Form (Form CS6)***
- Financial Commitment (Form CS9)***
- Participation Agreement (Form CS6C)***

The following to be completed by a physician:

- Health Certificate (Forms CS3A, CB3B and CS3C if applicable)***
 - Addendum to Health Certificate (CS3C) only required if you answered “Yes” to questions 11 and 12 on Form CS3B, or are currently taking or have taken medication for issues mentioned in questions 11 and 12 on Form CS3B

If you are **not** a U.S. citizen, include **2** of the following:

- Copy of **Passport**
- Copy of **Alien Registration Card**
- Copy of **Re-entry Permit**

To be submitted by AFS Volunteer:

- Confidential Placement Summary (Form 8)** will be completed and submitted by an AFS Volunteer after your required interview. Though you are not responsible for this form, you must contact your AFS Volunteer right away and make arrangements for your interview to be conducted. You will need to be flexible in scheduling the interview and respectful of the volunteer’s time.
- Chapter/Area Team Financial Pledge - when required (Form 11)**

* Signatures are required on this form.

Candidate's Introduction

An Introduction to
Part Two of the 18+ Community Service
Application Process



“The work has been very hard, but I knew that it would be...it is rewarding as well when I get to see kids grow and experience things for the first time and start to gain self-confidence.”

Kirsten Eby, AFS Participant to South Africa

Dear Candidate:

AFS has 60 years of experience as the leading exchange organization. What does that mean for you? It means that you and 11,000 other AFS Participants from around the world will have the security of going abroad with a well-established, globally connected, highly successful organization.

The information in your Application is crucial for making your experience the best that it can be. Please complete all of the forms with care and honesty.

After completing the Application, it's time for an interview. You will talk with a local AFS Volunteer who may be a former AFS Participant, a parent of a former participant, a host parent, or another individual dedicated to promoting the mission of AFS. He or she will be an excellent source of information, and will gladly discuss issues or answer any of your questions you might have. The interview will also help AFS get a more complete picture of who you are, what you are looking for in an exchange experience, and whether AFS is the right choice for you.

After assessment by AFS Staff, your Application will be sent to one of your preferred programs for review. If it is not possible to place you in that program, your Application will be forwarded to another of your preferred countries. AFS, in the selected host country, will carefully select an organization that will provide you with a service opportunity in its community. You will either be placed with a host family or in accommodations affiliated with the organization.

While the admissions process may seem lengthy, it is designed for your benefit. Great care is taken in choosing the program and country that is right for you. Completing the three parts of the application process (Preliminary Application, Application, and Interview) as soon as possible gives you the best opportunity to be placed in your preferred program and type of project. Please contact a local AFS Volunteer or an Admissions Advisor (1-800-237-4636) if you need any assistance.

Welcome to AFS!



Instructions for Part Two of the 18+ Community Service Application Process

**Please be sure to follow the instructions for each Application form.
Your Application cannot be reviewed unless it is complete and legible.**

✓ **Front Cover**

Print your responses to all requested information.

Print your name and “USA” on the back of three recent photographs of you alone, facing forward, that fit in the square on the front cover of the application. Tape one of the picture in the box, and paperclip the other two photos on the inside of the front cover.

✓ **Checklist (Inside front cover)**

The checklist is a tool to help make sure that you provide all requested information. Please review this list before you submit your Application.

✓ **Basic Personal Information (Form CS1)**

Print your responses to all requested information.

✓ **Placement Information (Form CS2)**

This information is used by AFS to find a placement that is compatible with you. The more open you are to different ways of living, the easier it will be to place you with a community service organization and project or host family.

Food habits are particularly important—eating new or different foods is an integral part of learning about a new culture. Participants who voluntarily restrict their diets limit their country choices. Some countries can rarely find placements for vegetarians. In most cultures, it is considered an insult not to eat what is prepared. At this time, it would be useful to evaluate your dietary needs and be very clear about what you cannot eat versus what you prefer not to. (If, for example, you are a vegetarian but you will eat chicken, fish, or an occasional piece of meat or food cooked with meat, it will be easier to place you.)

✓ **Health Certificate (Forms CS3A, CS3B, and CS3C)**

To be completed in full by a physician or nurse practitioner **not** relate to candidate.

These forms provide your medical history and will be used should you need medical attention while you are abroad with AFS. They will also be consulted to help select a program and placement that can accommodate your medical needs, if any (e.g., allergies).

If there are any changes in your health after these forms are submitted, but before you go abroad, you must notify AFS (1-800-237-4636) immediately.

You must sign form CS3B. Your physician must also sign this form.

✓ **Community Project Information (Forms CS4, CS4B, and CS5)**

This information is used by AFS to find a community service or host family placement that is compatible with you. Please answer all questions thoughtfully and thoroughly, and attach additional sheets of paper if necessary. Each additional sheet should have your name and “USA” printed at the top of the page.

✓ **Parental Authorization Form or Self Permission Form (Form CS6)**

This form explains AFS's policies regarding tuition, medical coverage, student safety and travel.

✓ **Participation Agreement (Form CS6C)**

This form explains AFS's policies regarding tuition, medical coverage, student safety and travel.

✓ **Parent's Statement (Form CS7) Parent/Legal Guardian completes, Parent/Legal Guardian sign**

✓ **Financial Commitment (Form CS9)**

This form clarifies the methods by which you commit to pay the AFS tuition. If you are seeking financial assistance from AFS, please indicate.

✓ **Program Release Conditions (Form 10A)**

✓ **Program and Country Preferences (Inside back cover)**

Check your program choice and write your country selections in order of preference. Please note that a willingness to allow AFS to select your host country may make you eligible for increased financial assistance.

Before Submitting the Application:

1. Please review the checklist on the inside front cover to ensure that you have completed and enclosed all necessary information. Missing or incomplete information will delay your review.
2. If you do not have a passport, you should apply for one now. If you are not a U.S. citizen, you must include a copy of your passport and alien registration ("green") card with your Application. If you have an Alien Registration Card but do not have a valid passport from another country, apply immediately to U.S. Immigration for a re-entry permit. For information or help with these documents, call the AFS Program Operations Department (1-800-876-2376) between 9am and 5pm, Monday - Friday, Eastern Time.
3. If you have not yet submitted your application fee, you must attach a \$75 check or money order made out to "AFS-USA, Inc." to the inside front cover. In addition, in order to secure a spot on a program, you must submit a check or money order for the \$500 tuition deposit.
4. **Make a copy of the entire Application for your records.**
5. Return the original Application to AFS Admission Center (506 SW 6th Avenue, 2nd Floor, Portland, OR 97204). Please call your Admissions Advisor at 1-800-237-4636 before submitting the Application. We would like to review it with you before you send it in.

What Happens Next?

After completing Part Two of the Application Process, contact your local volunteer (if you have not already been contacted) to schedule an interview. After the interview, the volunteer will send his/her interview forms directly to the Admissions Center. AFS requests that a \$500 tuition deposit be submitted with your full application. Your application cannot be sent outside the U.S. for partner country review and determination until your AFS-USA receives your full application, interview, and the \$500 tuition deposit. After you are qualified by AFS-USA, the partner country reviews your application and determines whether or not they will accept you. If placement is not possible in that program, the application will be forwarded to the next country on your list of preferences. For an update on your Admissions status, call your Admissions Advisor at 1-800-237-4636.

Congratulations on your commitment to undertaking the experience of a lifetime.



IMPORTANT PASSPORT INFORMATION

We are pleased to learn of your interest in an AFS program. At this time, you should be aware of some important preparations that you should begin immediately.

Regardless of which AFS program you eventually enroll in, you will need a passport to travel abroad. If you have one already, it must be valid until no less than six months after your intended date of return to the U.S. Please make sure that you have signed your passport.

If you don't already have a passport or need to renew the one you have, please read the following instructions and start the process immediately. You should submit your AFS Application, even if you have not received your new passport. In any case, start the passport application process right away.

How to Obtain a U.S. Passport

There are over 7,000 Passport Acceptance Facilities nationwide that will accept your application. These include many post offices, clerks or court, public libraries, and other state, county, township, and municipal government offices which can easily be found in your local phone book. You can also obtain an application from the Internet at <http://travel.state.gov/passport/index.html>.

In order to apply for a passport you will need to supply proof of U.S. citizenship (such as a certified birth certificate issued by the city, county, or state), Naturalization certificate, certificate of Citizenship, and two passport photographs. Please verify the appropriate fee with your Passport Acceptance Facility.

Passport applicants under the age of 14 must appear in person with their parents or guardians. All applications for children under 14 require both parents' or legal guardians' consent.

Do not delay in applying for your passport. You should receive your passport within 6 weeks once you have submitted your application and all of the necessary documents. This is important to remember as you will need your passport before you will be able to apply for the additional travel documents you will need to enter and temporarily reside in your host country. If you apply for your passport late, you may need to apply for "expedited passport service" at an additional cost.

Many AFS programs require that participants receive visas or resident permits from their host country's consulates here in the United States before departure. Obtaining these documents can sometimes be time-consuming. One of the best ways to avoid complications and delays is to have a passport by the time you have been selected to participate in your desired program.

If you have any questions about these procedures or require assistance, please contact your Admissions Advisor at 1-800-237-4636.

Don't delay—apply for your passport today!



1 CANDIDATE'S LEGAL NAME:

(Ms.) (Mr.) First name _____ Middle name _____ Last name _____ Preferred name/nickname _____

2 ADDRESS FOR MAILING PURPOSES:

This is the address for my: Father Mother Stepfather Stepmother Other _____ (check all that apply)

Street/P.O. Box _____

City & State/Province _____ Zip/Postal Code _____

Home: _____ Mobile Phone: _____ Fax: _____

Email address: _____ Date of Birth: Month _____ Day _____ Year _____

3 FOR VISA PURPOSES:

City of Birth _____ Country of Birth _____

Country of Citizenship _____ Country of Legal Residence _____

Passport Number (if known) _____ Passport Issue Date _____

Place/Office of Passport Issue _____ Passport Expiration Date _____

4 INFORMATION ABOUT THE PEOPLE WITH WHOM I LIVE AT ABOVE ADDRESS:

I live with: Father Mother Stepfather Stepmother Guardian Other than Parent (check all that apply)

Who is your custodial parent? Please circle. (If more than one, circle both).

For Adult Programs - Additional options: Spouse Independent Other _____

5 INFORMATION ABOUT PARENT(S)/LEGAL GUARDIAN(S) WITH WHOM I LIVE AT ABOVE ADDRESS:

Parent/Guardian Male Female

Legal name: First Name _____ Last Name _____ Business and/or Mobile Phone _____

Year of Birth _____ Country of Birth _____ Occupation _____ Employer _____ Email _____

Parent/Guardian Male Female

Legal name: First Name _____ Last Name _____ Business and/or Mobile Phone _____

Year of Birth (mm/dd/yyyy) _____ Country of Birth _____ Occupation _____ Email _____

6 CONTACT DETAILS OF ANY PARENT OR LEGAL GUARDIAN AT DIFFERENT ADDRESS THAN ABOVE

Legal name: First Name _____ Last Name _____ Home, Business, and/or Mobile Phone _____

Address _____ City _____ State _____ Zip _____ Email _____

7 EMERGENCY CONTACT:

If your Parent/Guardian cannot be reached, please indicate someone else in your community whom we can contact:

First Name _____ Last Name _____ Relationship _____ Telephone Numbers (home, business, mobile) _____

8 NAMES AND BIRTHDATES OF BROTHERS AND SISTERS:

9 AFS CONNECTIONS:

Has your family: (If yes, please describe who, the relationship, where, and when.)

Hosted with AFS? Yes No _____

Participated on an AFS Program? Yes No _____

Any close friends or relatives living abroad? Yes No _____

Have you participated in any other exchange program, traveled abroad, or lived in another country? Please provide details.



1 CANDIDATE NAME

(Ms.) (Mr.) First name Middle name Last name Home country

2 MEDICAL REQUIREMENTS AND HEALTH RESTRICTIONS

Do you have physical restrictions, impairments, or allergies that will limit placement options or participation in everyday family and/or school activities? Yes No If yes, please explain:

Can you live with: **Cats** Indoors Outdoors **Dogs** Indoors Outdoors **Other pets** Indoors Outdoors

3 DIETARY REQUIREMENTS

Do you have dietary restrictions, including for medical, religious, or self-imposed reasons? Yes No

If yes, please explain:

If you are a vegetarian, are you willing to eat: Fish Poultry Dairy products Other

4 RELIGION

What is your religious affiliation, if any? (Optional)

How often do you participate in structured religious services? Weekly Monthly Occasionally Never

Bearing in mind that it is likely your host family will have different religious affiliation, how strongly do you feel about having access to structured religious services of your own faith? Required Desirable Not necessary

5 SMOKING

Do you smoke cigarettes? Yes No

In some cultures it is more difficult to find placements for cigarette smokers. Given this, smokers should please choose one of the following: I will not smoke during my AFS exchange program. I will smoke during my AFS exchange program.

6 INTERESTS AND ACTIVITIES

Identify your major interests and activities, and indicate how often you pursue them.

7 LANGUAGES

Native language

Language proficiency (for languages other than your native language):

Language Years studied Speaking ability: Poor Fair Good Excellent

Language Years studied Speaking ability: Poor Fair Good Excellent

Language Years studied Speaking ability: Poor Fair Good Excellent

8 COMPLETED EDUCATION

Please list the month and year in which you graduated or will graduate from high school in your home country: Month Year

For 18+ Programs: Please indicate the highest level of completed education:

DISCLAIMER

I understand that host countries may not be able to accommodate the restrictions or requirements indicated in the completed application and that acceptance on the AFS program is not a guarantee that these preferences can be honored.

Candidate Signature

Date (mm/dd/yyyy)

Parent(s)/Legal Guardian(s) Signature(s)

Date (mm/dd/yyyy)

(Parent/Legal Guardian signature is required for all candidates not of legal age in country of residence.)



AFS Medical Evaluation Policies

While the AFS program is an invaluable experience and a time of tremendous growth for participants, it is important for candidates and their families to understand that by its nature, the AFS program can also be both emotionally and physically demanding. Being immersed in a different culture, placed in an unfamiliar host family, school, and community often involves emotional stress during an adaptation period that varies from person to person. **If a candidate is experiencing current medical, emotional, psychological, or family difficulties or has only recently recovered from such difficulties, the adjustment demands of the AFS program can severely exacerbate such difficulties or even be cause for a relapse.** For this reason AFS requires a thorough and accurate profile of each candidate's health status. The following guidelines are used by AFS in determining a candidate's medical qualification for the AFS program.

1. If the candidate has a history of, or presents evidence of a medical condition, the application must show evidence that:
 - The candidate has a full understanding and knowledge of the previous or current condition.
 - The condition has been stable for one full year prior to application.
 - There has been no major change in therapy or prescribed medication for the current condition within one year prior to application.
 - There has been no emergency treatment or hospitalization related to the condition within one year prior to time of application.

Please note that while the above items constitute our basic guidelines, each applicant's medical, emotional, or psychological history must be evaluated on a case by case basis. It is possible that certain applicants who meet the above guidelines might still be rejected if AFS determines that an applicant's specific history, on-going condition or prescribed medications, or some combination of the three would in the opinion of AFS pose significant risk for the applicant or the organization if he or she participated on one of the AFS exchange programs.

2. If a candidate has had a history of, or presents evidence of, an emotional, psychological, learning or eating disorder, the AFS Application must include Form 3C, in addition to meeting the criteria above. Form 3C needs to be completed by the health specialist who is either currently treating or has treated the candidate in the past for this condition. The purpose of Form 3C is to obtain the health specialist's evaluation of the candidate's ability to manage potential adjustment anxieties and stress in a foreign environment in light of his or her current or previous condition and treatment. **Please note that a recommendation by a psychotherapist or medical doctor does not guarantee acceptance by AFS-USA or another AFS country.**
3. If a candidate's health is dependent on regularly administered medication, or facilities are required for treatment of a chronic ailment or a physical condition, in addition to the criteria mentioned above, the candidate's application must show evidence of self-reliability to comply with prescribed treatment and required self-administered medication.
4. AFS is committed to providing opportunities for students with physical disabilities to participate in programs abroad. In order to realistically assess the feasibility of finding a placement that can accommodate the needs of the candidate, the Health Certificate included in the AFS Application must be thoroughly completed. In addition, the health specialist currently treating the candidate must provide a written statement explaining any limitations the candidate might have and any special arrangements such limitations require.
5. In addition, candidates could be medically disqualified if their applications reveal other conditions, such as:
 - A chronic condition with disturbing symptoms which the attending physician(s) have not been able to diagnose at the time of application.
 - A hospitalization or emergency treatment related to an unstable or undiagnosed condition within one year prior to application.
 - A hospitalization or emergency treatment for life threatening allergic reaction within one year prior to application.

Note: In addition to assessing a candidate's overall suitability for the AFS program, AFS must also determine suitability for specific programs and specific countries. **Some conditions cannot be accommodated in certain countries or areas of a country; therefore candidates may be accepted to the AFS program, but only offered placement in a limited number of programs or countries.**

Disclaimer

The medical review process may take up to several weeks, depending on the follow-up that is required in each case. Most of the delays are due to difficulties contacting the mental health professionals or medical doctors that completed the forms.

In order to avoid unnecessary delays, we encourage parents/legal guardians of students who require special medical review to contact the relevant professionals to explain the importance of their returning calls made by the AFS staff handling the review process.

Since AFS-USA must meet deadlines set by partner organizations in the hosting countries, in some cases it is necessary to continue with the application process while the medical review is underway. Students going to countries with complicated and lengthy visa application processes may even be asked to begin the visa application process before the medical review is finalized. This is necessary in order to increase the possibility of their traveling as scheduled, should their medical review allow them to participate in the program.

Regardless of how advanced the application process may be, the acceptance of students might be reverted at any time should the medical review fail to clarify concerns regarding the suitability of any student to participate in the exchange program.



CS3A Health Certificate

FOR OFFICE USE

To be completed by the candidate's physician or nurse practitioner. The physician should not be related to the candidate. For any "Yes" responses please provide a detailed explanation or attach a separate report. AFS reserves the right to ask for further information to determine if the candidate meets the program medical qualifications. The candidate and parent/legal guardian must also sign:

(Ms.) (Mr.) Candidate Name (First/Middle/Last) Home Country Date of Birth (mm/dd/yyyy)

1 Height _____ Weight _____ Blood type/Rh Factor _____ B/P _____ Pulse _____ Resp _____

2 Do you note any abnormalities concerning height, weight (including substantial loss or gain in the past six months), blood pressure, pulse, or respiration? Yes No If yes, explain _____

CHECK YES OR NO. HAS THE CANDIDATE HAD THE DISEASES / CONDITIONS LISTED BELOW:

	YES	NO	IF KNOWN:		YES	NO
a) Measles	<input type="checkbox"/>	<input type="checkbox"/>	Titer: _____ Date: _____	h) Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>
b) Mumps	<input type="checkbox"/>	<input type="checkbox"/>	Titer: _____ Date: _____	i) Cough (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>
c) Rubella	<input type="checkbox"/>	<input type="checkbox"/>	Titer: _____ Date: _____	j) Headaches (persistent, recurring)	<input type="checkbox"/>	<input type="checkbox"/>
d) Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>		k) Sleepwalking	<input type="checkbox"/>	<input type="checkbox"/>
e) Poliomyelitis	<input type="checkbox"/>	<input type="checkbox"/>		l) Enuresis	<input type="checkbox"/>	<input type="checkbox"/>
f) Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>		m) Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>
g) Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>		n) Parasites (internal)	<input type="checkbox"/>	<input type="checkbox"/>

If yes, give detailed information and dates (use extra pages if necessary): _____

3 **ACNE** Yes No If yes, identify area, severity, any medication taken, name, dosage & frequency: _____

4 **ALLERGIES** Yes No If yes, identify type, any medication taken, name, dosage & frequency: _____

5 **ASTHMA** Yes No If yes, identify type, severity, any medication taken, name, dosage & frequency: _____

6 **DIABETES** Yes No If yes, identify type, severity, any medication taken, name, dosage & frequency: _____

7 **SEIZURE DISORDER** Yes No If yes, identify type, severity, any medication taken, name, dosage & frequency: _____

8 HAS THE CANDIDATE EVER HAD ANY DISEASE, IMPAIRMENT OR ABNORMALITY OF:

	YES	NO		YES	NO
a) Abdominal organs, digestive system	<input type="checkbox"/>	<input type="checkbox"/>	e) Heart blood vessels	<input type="checkbox"/>	<input type="checkbox"/>
b) Lungs, respiratory system	<input type="checkbox"/>	<input type="checkbox"/>	f) Tonsils nose or throat	<input type="checkbox"/>	<input type="checkbox"/>
c) Bones, joints, locomotor system	<input type="checkbox"/>	<input type="checkbox"/>	g) Blood, endocrine system	<input type="checkbox"/>	<input type="checkbox"/>
d) Genito-urinary system	<input type="checkbox"/>	<input type="checkbox"/>	h) Eyes/vision, Ears/hearing	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please explain (use extra pages, if necessary) _____

9 HAS THE CANDIDATE BEEN HOSPITALIZED?

Yes No If yes, give dates, diagnosis, and outcome for each incident. _____



CS3B Health Certificate

FOR OFFICE USE

(Ms.) (Mr.) Candidate Name (First/Middle/Last) Home Country Date of Birth (mm/dd/yyyy)

10 Is the candidate currently taking medication or injections (other than those mentioned previously)? Yes No
If yes, identify the medication, reason for usage dosage, and frequency: _____

11 Has the candidate ever consulted a neurologist, psychologist, or any other specialist for a nervous, emotional, learning, or eating disorder? Yes No

12 Is there a history of, or present evidence of, a nervous, emotional, learning, or eating disorder? Yes No
If you answered yes to either question 11 or 12, please note the following: (1) Form 3C must be completed and submitted by a medical doctor or psychotherapist; (2) a statement written by the candidate about the illness or specific problem must be attached in a sealed envelope; and (3) Placement in a foreign host family, school, and community requires adjustment which often involves emotional stress. It will not be a time for relaxation or temporary relief from any current therapy. If the candidate is experiencing current emotional, physical, personal or family difficulties, these difficulties can be severely exacerbated by the adjustment demands of the AFS program. Therefore, you are requested to evaluate carefully the candidate's current or previous condition and treatment along with his or her ability to manage potential adjustment anxieties and stress in a foreign environment.

13 Are there any health limitations or restrictions on the candidate's activities and / or sports participation or any medical information which should be considered for a home/school placement? Yes No If yes, please describe:

14 Does the candidate wear glasses or contact lenses? Yes No

15 What was the date of the candidate's last dental check up? _____

Does the candidate wear dental braces? Yes No

If yes, will orthodontic care be needed while on the program? Yes No Frequency? _____

16 CANDIDATE HAS HAD THE FOLLOWING IMMUNIZATIONS, PLEASE SPECIFY MONTH / DAY / YEAR BELOW:

	YES	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY	MM/DD/YYYY
Measles	<input type="checkbox"/>	-----	-----	-----	-----	-----
Mumps	<input type="checkbox"/>	-----	-----	-----	-----	-----
Rubella	<input type="checkbox"/>	-----	-----	-----	-----	-----
Diphtheria	<input type="checkbox"/>	-----	-----	-----	-----	-----
Pertussis	<input type="checkbox"/>	-----	-----	-----	-----	-----
Tetanus	<input type="checkbox"/>	-----	-----	-----	-----	-----
Poliomyelitis	<input type="checkbox"/>	-----	-----	-----	-----	-----
BCG	<input type="checkbox"/>	-----	-----	-----	-----	-----
Hepatitis B	<input type="checkbox"/>	-----	-----	-----	-----	-----
Other	<input type="checkbox"/>	-----	-----	-----	-----	-----

TB Test Which type (circle one) Mantoux or Tine Date: _____ Result (+/-)

If positive, was chest x-ray done? Yes No Date: _____ Result (+/-)

I, the undersigned, certify that a thorough physical examination of the candidate has been given and all important recent medical information has been included on Form 3A and 3B, that nothing relevant has been omitted, and that the candidate is able to travel. I understand that the omission of any information could be harmful to the candidate's health care and could result in early termination from the AFS program.

Physician/Nurse Name and Qualification

Signature

Address

Business Phone

Date (mm/dd/yyyy)

Your signature below attests that you understand and accept the AFS Medical Policies as stated on the Participation Agreement, that the information on Form 3A and 3B is correct and complete, and that inaccurate or incomplete information could be harmful to the candidate's health care and could result in early termination from the AFS program.

Candidate Signature:

Date (mm/dd/yyyy)

Parent/Legal Guardian Signature:

Date (mm/dd/yyyy)



This form is only required if you answered yes to questions 11 or 12 on Form CS3B

CS3C

Addendum to Health Certificate

(Ms.) (Mr.) Candidate's Name (First/Middle/Last) City State Country

Preferred program length (months)

Candidate Release Statement: I authorize (Dr. name) to disclose and release to AFS all medical and psychological information pertaining to my treatment from (date) to (date).

Candidate's Signature: Parent/Legal Guardian's Signature(s):

To be completed by the student's mental health specialist

The information below, along with the candidate's completed application, will be used in determining the candidate's appropriateness for an AFS program. Please note that a recommendation from a psychotherapist does not guarantee acceptance by AFS-USA or another AFS country. This information is confidential and will be seen only by AFS staff. Placement in a foreign host family, school, and community requires adjustment which often involves emotional stress. It will not be a time for relaxation or temporary relief from any current therapy. If the candidate is experiencing current emotional, physical, personal or family difficulties, these difficulties can be severely exacerbated by the adjustment demands of the AFS program. Therefore, you are requested to evaluate carefully the candidate's current or previous condition and treatment along with his or her ability to manage potential adjustment anxieties and stress in a foreign environment.

Would you recommend this student for an AFS experience? Yes With reservation No — Please use back of form for comments.

IF THE STUDENT HAS BEEN IN PSYCHOTHERAPY:

How long has this student been seeing a psychotherapist?

Is this student currently seeing a psychotherapist? Yes No If "yes" how often?

Is this student likely to have an adverse reaction to the cessation of psychotherapy during the AFS experience? Yes No Please explain.

Have there been any changes in psychotherapy in the last year? Yes No Please specify.

Please indicate the DSM IV diagnosis on all 5 axes:

Axes I Axes II Axes III Axes IV Axes V

IF THE STUDENT IS CURRENTLY ON MEDICATION, OR HAS TAKEN MEDICATION IN THE LAST YEAR RELATED TO THE PSYCHOTHERAPY CONDITION: Name of medication: Current dosage:

For what condition was medication prescribed?

When was the medication first prescribed? What was the highest dosage?

Will the student be taking the medication during the AFS experience? Yes No Please specify.

Have there been any changes in medication in the last year? Yes No Please specify. Reason for adjustment:

We appreciate your time in filling out this form. However, depending on the preferred country of this applicant, we may be asked for additional information. If necessary, may we contact you if we need more information? Yes No

Dr. Name: Signature:

Field of Practice Phone number: Date: (mm/dd/yyyy)

Please return this form to the AFS Admissions Center at 506 SW 6th Ave. 2nd Floor, Portland, OR 97204, or fax to 1-503-229-0753.



CS4 Community Project Information

(Ms.) (Mr.) Candidate Name

City

State/Providence/Region

PHOTO PAGE

To help you introduce yourself to your project and community, assemble a small collection of photographs showing you, your family and friends. Be creative! Place the photos on a single piece of paper and print your name and country of origin. If possible, make this a color copy.

NOTE: This is the first impression your host family will have of you. Keep it clean!

PROJECT INTERESTS

Information about the following factors will be helpful in determining your community project.

Community project preferences: (please rank the following sectors in your preferential order of interest)

Environmental/wildlife conservation

Serving the mentally disabled

Protection of human rights

Serving the physically disabled

Women's development

Serving immigrant populations

Community development

Education:

Business development

Children

Agriculture

Youth

Public health issues

Adults

Serving the elderly

Other: _____

The list above shows possible projects. Not all projects are available in each hosting country.

On a separate piece of paper, please type your answers to the following questions. Your thoroughness will help us determine your placement with a community service project and host family.

Your answers should be approximately two pages long, typed, single-spaced, and in English. Please include your answers with this form. You are welcome to submit a second statement in your host country's language, but DO NOT use the name of the country to which you are applying.

IN ADDITION, please attach a copy of your most recent resumé

- 1 Describe the reason for your numerical ranking above. How do the top choices relate with your current interest and goals? If you cannot work in any of the projects above, please indicate which one and why.
- 2 It is not expected that participants will be experts in their field of placement. Keep that in mind, what contributions do you expect to make to your assigned project? Outline what type of work/responsibilities you would like to undertake if given the chance.
- 3 Describe your volunteer and work experiences. What aspects are most satisfying? In addition, please attach a copy of your most recent resumé/CV.
- 4 What specific skills will you bring and what do you hope to gain personally and professionally?
- 5 If applicable, summarize your overseas experience and what you learned from the experience.
- 6 Many placements are in less developed areas. How do you feel about working in this environment?
- 7 Living situations vary from a peer setting, a residential placement, or a host family. Are you comfortable with all these possibilities? If no, please explain which situation and why.



CS5 Parent's Statement

FOR OFFICE USE

(Ms.) (Mr.) Candidate Name (First/Middle/Last) Home City Home State/Providence Home Country

Please indicate the parental / guardianship situation of the candidate:

- His/her birth father and birth mother currently live together with the candidate.
- His/her birth father and birth mother are divorced or separated.
 - The birth mother and father have joint custody.
 - The (circle one) mother / father has sole custody and the other parent has no visitation rights.
 - The (circle one) mother / father has custody and the other parent has visitation rights.
- The birth (circle one) mother / father is deceased.
- The birth (circle one) mother / father is estranged and cannot be reached.
- Only the birth mother appears on the candidate's birth certificate and is the sole legal guardian of the candidate.
- Other: _____

Please note that additional information, including but not limited to, birth certificates, divorce decrees, and legal statements may be required. Once your son/daughter's application is received at the AFS Admissions department, you will be contacted and notified of the necessary forms.

Please type, on a separate sheet of paper, a brief statement describing the candidate's:

- 1 Relationship with you and your family.
- 2 Relationship with others.
- 3 Reactions to disagreement and discipline.
- 4 What is the amount of independence given to your child?
- 5 How does your child handle challenging or difficult situations?
- 6 What have been his/her reactions to being away from home in the past? Please also discuss any factors (e.g., dietary, physical, or health limitations) which you believe should be considered in placing your child in a new environment.

Please be sure to sign this form as well as the attached statement.

Parent/Legal Guardian Signature

Date (mm/dd/yyyy)

Parent/Legal Guardian Signature

Date (mm/dd/yyyy)



To Be Completed by Candidates Between 21 Years of Age and Over

(Ms.) (Mr.) Candidate Name (First/Middle/Last)

Home Country

PERMISSION TO USE PHOTOGRAPHS AND VIDEO FOOTAGE

We understand that photographs and film and video footage (the images) of current and former candidates are occasionally used by AFS in promotional materials. By signing this Agreement, we grant to AFS the right to use, publish and/or reproduce for any lawful and legitimate purpose excerpts from interviews and letters, images and audio recordings, and any other still or moving images of the candidate taken during his/her involvement with AFS and to use his/her name in this connection. We understand that if we do not wish the candidates' images to be so used, we must mark the following box and initial the space beside it. By leaving this box blank, we understand that we will be deemed to have consented to such use.

Initial here if you DO NOT give permission for AFS to use such letters, images, and audio recordings of your child.

PRESS RELEASE INFORMATION

Providing the following information authorizes AFS-USA to contact your local newspaper about your participation in this program. We can only contact your local newspaper if you provide complete information.

Local Newspaper

Street Address

City

State

ZIP

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Should any medical emergency arise, if time permits, AFS will communicate with us through the National Office and request permission for surgery or other necessary treatment; however, if in the sole judgment of AFS, time and circumstances do not permit communication with us, we authorize AFS to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis, or treatment and hospital care, and to make medical evacuation arrangements and transport, if required, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon.

We are aware that some local government or school authorities may require certain vaccinations in order for our child to participate in school or community responsibilities. We understand that we are responsible for any costs related to these requirements.

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

We hereby authorize AFS, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for our son/daughter while on the program and any other information concerning such examinations or treatments

AGREED AND ACCEPTED BY

Name of Candidate (please print)

Signature

Date (mm/dd/yyyy)

Name of Emergency Contact (please print)

Relationship

Telephone Numbers (home, work, mobile)

Email

Address

City

State

Zip

Candidate's Date of Birth:

Day _____

Month _____

Year _____



**Participation Agreement Terms and Conditions
for Community Service Programs Starting in 2007
(for Participants of Legal Age)**

Read this form thoroughly before signing. Please retain a copy of the document for your records.

Parties to this agreement:

AFS-USA, INC.*
198 Madison Avenue, 8th Floor
New York, NY 10016

AFS INTERCULTURAL PROGRAMS, INC.
71 West 23rd Street
New York, NY 10010

After January 2007
AFS-USA, Inc
1 Whitehall Street, 2nd Floor
New York, NY 10004

Participant Name:

PRINT FULL NAME (First/Middle/Last) CITY STATE ZIP

PARENT/LEGAL GUARDIAN: PRINT FULL NAME

AFS Intercultural Programs, Inc. is a not-for-profit corporation headquartered in New York, New York (with its affiliates, collectively referred to as AFS). Through intercultural learning programs AFS assists participating students, families, volunteers, and community members in acquiring the skills, attitudes, and knowledge needed to contribute meaningfully in a culturally diverse, increasingly interdependent world.

AFS programs operate in participating countries through independent affiliate organizations. Through these organizations AFS arranges placements in a hosting school and family (for Homestay programs), and orientation programs. Through unaffiliated service providers AFS arranges round-trip international transportation and medical care and special transport should emergency situations arise.

In the United States AFS programs are operated by AFS-USA, Inc.

The following Terms and Conditions identify the framework under which AFS will operate programs with the cooperation of student participants and their parents.

We, the undersigned student participant and natural parent(s)/legal guardian(s) agree to abide by the following Terms and Conditions of Participation:

TERMS AND CONDITIONS OF PARTICIPATION FEES _____
initials

1. We agree to pay a non-refundable \$75.00 Application Fee along with our son/daughter's preliminary application form. We understand that AFS-USA will not process our son/daughter's preliminary application without this fee.
2. We agree to submit a \$500 tuition deposit at the time that our son/daughter's full application is submitted to AFS-USA. If we submit our son/daughter's full application without first submitting a preliminary application, we will submit both the \$75.00 application fee and the \$500.00 tuition deposit together at that time. We understand that AFS will not send my son/daughter's application outside the U.S. for review and determination without these fees.
3. We understand that the \$500.00 tuition deposit is non-refundable except under the following conditions:
 - a. If our son/daughter's application is not accepted by AFS-USA.
 - b. If, once our son/daughter's application is sent overseas for review, none of the countries indicated on our son/daughter's application or selected by our son/daughter subsequent to submitting the application agree to accept our son/daughter.
 - c. If AFS-USA is unable to provide the name and address of our son/daughter's host family placement two weeks prior to departure and our son/daughter decides to withdraw from the program on that basis.
 - d. If AFS should cancel a program prior to the scheduled departure date and not provide an acceptable alternative placement.
4. If our son/daughter is participating in a year or semester program, we agree to pay AFS-USA the program tuition no later than 60 days prior to the scheduled departure.
5. If our son/daughter is participating in a summer program and is accepted on or before May 1, 2007, we agree to pay the AFS-USA program tuition in full on or before May 15, 2007.
6. If our son/daughter is participating in a summer program and is accepted after May 1, 2007, we agree to pay the AFS-USA program tuition in full within two weeks following notification of acceptance.
7. If our son/daughter decides to withdraw from the program within 45 days of departure from home, we will be refunded the full tuition minus the \$500 deposit and an additional cancellation fee of 20% of the program tuition.
8. We understand that our son/daughter's placement is not guaranteed until payment is received. We further understand that if we decide to withdraw our son or daughter from the AFS program for any reason other than those indicated in 3a,b,c,and d above, at any time prior to the scheduled departure date, we will be refunded all but \$500. If our son/daughter decides to withdraw from the program within 45 days of departure, we will be refunded the full tuition minus the \$500 deposit and an additional cancellation fee of 20% of the program tuition. We understand that full tuition must be received before a student departs and students whose tuition is not paid in full will not be permitted to depart on programs under any circumstances.

9. In addition to the program tuition, we agree to pay a secondary medical coverage fee (\$450 for a year program, \$250 for a semester program, or \$120 for a summer program) for coverage as described in the Medical Support section of this agreement, section numbers 24 and 25.
10. We understand that AFS sets the program tuition based on financial analysis of all anticipated expenses at the time of planning. We accept that AFS reserves the right to increase the program tuition if AFS must pay increased costs beyond its control, and that we will be notified as to the reasons for this necessity.

SAFETY AND SUPPORT

initials

11. AFS strives to promote a positive learning experience but cannot guarantee the health and safety of participants. We understand that while on the program, and in the hosting country, participants must adhere to the internal travel guidelines of the AFS organization in the host country and where appropriate, obtain approval for independent travel from the local or national AFS official prior to formulating any definite arrangements. We understand that during the program we may be asked to sign a waiver or release document by the host family, AFS local organization, or school giving our permission and authorization for our son or daughter to take part in certain activities or school organized sports. It is understood that participants may take part in sports or activities in which the participant has not previously engaged or which are not available in our country and by signing this Agreement we hereby consent to such sports or activities. We understand that written permission may be sought by the host family to participate in family sport activities.
12. Many years of experience has taught AFS that a visit by relatives and friends can negatively impact the participant's experience. We understand that AFS does not encourage visits from family members or friends during the AFS program. If family or friends agree to visit the participant, we agree to obtain permission in advance from the AFS national office in the hosting country. We also agree to abide by the hosting country regulations regarding the timing and duration of the visit. We understand that the AFS host country or host family are not required to consent to a visit. In addition, we agree not to make any lodging or other impositions on the host family during the visit.
13. It is understood that while on the program, participants will not drive a car or any other vehicle requiring a license according to local laws on public highways or any other public area, nor will participants initiate actions in order to acquire a license. It is understood that failure to comply is cause for termination from the program and early return to the home country.
14. It is understood that participants will assume the program responsibilities and requirements identified by AFS for the assigned program including orientation activities arranged by AFS prior to departure from the home country, during the stay abroad, and after returning home. For school-based year and semester programs student participants agree to attend school and assume course work responsibilities in accordance with the guidelines of the hosting school. Disregard or violation of these responsibilities and requirements may be cause for termination from the program and early return to the home country.
15. It is understood that AFS maintains the sole right to make host family placements or replacements as AFS determines necessary in the host country, that AFS may place the participant in more than one host family during the program and that participants will accept a placement with a family of any race, creed, or color. We understand that AFS will not guarantee another placement opportunity if the original placement made by AFS is not accepted by us.

Host families are screened in accordance with AFS guidelines. These guidelines are based on experience and research; they emphasize adaptability, suitability, and interest in the goals and purposes of AFS. Support from AFS volunteers or staff will be available to participants and host families throughout their experiences, however, it is understood that AFS does not supervise the manner and means by which host families fulfill their function as hosts, and that host families are not authorized to act for and are not the agents of AFS for any purpose. AFS has no responsibility or liability for any claims for damages or injuries claimed to have been caused by the acts or omissions of host family members. AFS has no obligation to defend host families against claims based on such acts or omissions, and will not provide such a defense.

16. Support from AFS volunteers or staff will be available to participants throughout their experience, however, we understand that AFS does not supervise the manner or means by which participants fulfill their functions as participants, and that during the AFS program participants are not authorized to act for and are not the agents of AFS for any purpose.

It is understood that AFS has no responsibility or liability for any claims for damages or injuries claimed to have been caused by the acts or omissions of participants while on a program, and that the prosecution of any claims for damages or injuries suffered by participants while on a program is the sole responsibility of the participant and his or her natural parents. AFS, on our request, will assist in recommending possible legal counsel. However, AFS has no obligation to defend participants against claims based on such acts or omissions and will not provide such a defense.

17. Laws on drug use in most countries are severe and may carry lengthy imprisonment or death penalties. We understand and agree that AFS participants are subject to the laws of their hosting country and community; that neither AFS nor the national government of the participant's citizenship has the ability to protect the individual from punishment with respect to involvement with illegal substances or any other illegal activities. We understand that in the event of legal proceedings related to such offenses or other legal matters, we are responsible for any legal fees and costs.

18. Termination of Program in Progress

- a) It is understood that AFS has the right to cancel or suspend a program at any time if, in the sole judgment of AFS, the conditions in the hosting country are such that participants' safety may be in jeopardy while traveling to or living in such country. Should we have concerns with respect to conditions in a particular hosting country, we understand that we should contact AFS, which will provide us with any information available to AFS, or refer us to the local governmental agency responsible for foreign affairs. Should circumstances which AFS determines as potentially dangerous develop within the host country during the program, AFS would arrange to return participants home.
- b) AFS also reserves the right to cancel an individual's participation and to return the individual home early if she or he violates the provisions of these Terms and Conditions or develops personal behavior or pursues actions which in the sole judgment of AFS would not be in the best interest of the participant or of AFS. Examples: a participant's driving a car (see Condition 13), is cause for an early return to the home country; a participant's abuse of alcoholic beverages, or use or involvement with drugs for non-medicinal purposes (see Condition 17) are cause for an early return to the home country.
- c) If a participant, with or without our agreement, decides not to complete the AFS program he or she will be released from the program and will not be permitted to remain in the hosting country. We understand that program services will be forfeited for the remainder of the program period, including domestic transportation to the international point of departure. The participant will be provided by AFS with a ticket for immediate return to the participant's home country excluding domestic transportation to the international point of departure. Transportation will not be subject to substitution or postponement.

- d) AFS reserves the right to terminate an individual's participation and to return the individual home early if he or she develops a medical condition that prohibits his or her continued active participation in AFS program responsibilities, or if in the opinion of medical professionals the patient should be moved home for ongoing treatment and care.

We understand that the health certificate submitted with the program application must be true and complete without any errors or omissions. If there is any serious medical incident which occurs after the application is submitted, but before departure for program participation, we will report such incident to AFS immediately. We understand that errors and omissions on the health certificate will jeopardize the participant's placement and may result in termination of an individual's participation and return to the home country.

It is understood that in situations such as illustrated by these examples, the program tuition is non-refundable. Furthermore, that in connection with any early return decision, AFS reserves the right to replace the return portion of the international travel ticket with a one-way ticket of limited time duration to the home country.

TRANSPORTATION AND TRAVEL ARRANGEMENTS

initials

19. We understand that participation is assigned for one AFS program and that participants will remain in their host community for the duration of the program and will not leave prior to conclusion of the program, nor travel between home and host community during the program. It is understood that participants will return to their home country at the conclusion of the program.
20. We agree to pay for travel arrangements and assume costs incurred between home and the points of departure and return within the home country, as established by AFS. We also understand that immigration laws impose restrictions and obligations on participants and program sponsors and that AFS is obliged in many host countries, for different reasons, not to allow participants to remain in the host country after release from or termination of the program, and, therefore, requires standardized travel arrangement ensuring that participants depart the host country once the program concludes. We understand and agree that participants being hosted in one of these countries must return home promptly at the end of their participation in the program.
21. We agree to abide by the departure and return dates, travel arrangements, modes of travel and itinerary determined by AFS or appointed agent of AFS to and from the hosting country. We understand that failure to abide by such dates and arrangements will result in forfeiture of program services (to include transit assistance).

AFS will consider changes to the return portion of the international travel in exceptional cases, but cannot guarantee that requested changes can be accommodated. A minimum fee of \$400, or the actual cost of the change, whichever is greater, will be charged for any such changes.

22. We agree to reimburse AFS for any additional travel or other costs incurred because a participant fails to comply with document requirements, pertinent travel conditions, and responsibilities or because of inappropriate action on the part of the participant.
23. We understand and agree to the following terms concerning transportation:

RESPONSIBILITY

In the selection of carriers (surface and air transportation) by AFS every reasonable effort will be made to insure that the carriers selected meet the standards of competence prevalent in the local community.

When AFS arranges transport for participants, AFS is not responsible or liable for any loss, damage, or injury to property or person resulting from the provision of travel services or transport.

CHANGES AND CANCELLATION

All dates, times, itineraries, and carriers are subject to change and AFS is not responsible for any inconvenience or damage by adjustment of travel schedules.

BAGGAGE AND PERSONAL PROPERTY

AFS has no liability for loss or damage to baggage or other personal property. Furthermore, any claim filed with a carrier for damage or loss of property will be limited and subject to the terms of the ticket(s) or contract of carriage issued to the participant by the airline or other purveyor of transport.

MEDICAL SUPPORT

initials

24. We understand that AFS strongly encourages participants to arrange private health and accident insurance if the participant is not already covered under a national health and accident insurance plan. AFS does not pay for medical expenses incurred after participants return home (except to the extent that supplemental insurance coverage has been secured), whether or not such expenses are related to conditions arising during participation in the AFS program.

We understand that AFS has secured (secondary) medical insurance for covered medical expenses incurred by participants that exceed U.S.\$5,000 up to U.S.\$1,005,000 per occurrence. Within these limits, AFS obtains reimbursements from its insurers for all covered AFS program participant accident or medical illness incidents if the services occur between the time the participant arrives at the international departure site and the time of departure from the program or return to the home country, whichever comes first. Below U.S.\$5,000 per incident, covered medical expenses are paid from AFS's general funds. We understand that AFS provides no other insurance coverage (except as otherwise described herein or in the AFS Medical Pamphlet) and that any additional coverage, such as disability insurance or coverage for medical expenses incurred after the participant returns home, must be obtained by us at our expense. We understand that, since AFS's coverage is secondary, AFS will seek reimbursement from the participant's primary insurer.

25. We understand that AFS is not responsible for costs related to pre-existing medical conditions, preventive medication or immunization, dental care, eyeglasses, contact lenses, routine eye exams, cosmetic or elective surgery no matter when medical services are rendered, or cost incurred. We understand that if the participant needs such care, we may be contacted directly by our child or his or her host family requesting authorization for the procedure and funds for payment, and that we will forward the necessary funds directly to our child or his or her host family. We understand that the participant is fully responsible for the transport and care of any equipment and medication supplies required for maintenance of any medical pre-existing conditions. We will not hold AFS accountable for medical care treatment pertaining to pre-existing conditions. We agree to reimburse AFS should it incur expenses pertaining to any of the above mentioned circumstances.

26. Final determination of medical care and treatment is the decision of the parent/guardians; however, AFS medical insurance will only provide reimbursement of covered expenses incurred while in the hosting country upon the recommendation of the attending physician (see Condition 18d). Concerning medical care and treatment we understand and accept the following conditions:
- a) In the selection of medical care providers, every reasonable effort will be made to ensure that the care providers selected meet the standards of competence prevalent in the local hosting community. We understand that the laws of confidentiality and medical practice procedures in some countries may restrict AFS access to medical records and documentation regarding treatment of our son or daughter.
 - b) Should any medical emergency arise, if time permits, AFS will communicate with us through the AFS-USA Regional Service Center and request permission for surgery or other necessary treatment; however, if in the sole judgment of AFS, time and circumstances do not permit communication with us, we authorize AFS to consent to medical treatment, the administration of x-ray examination, anesthetics, blood transfusion, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon.
 - c) Should the attending physicians recommend medical evacuation, once the participant leaves the host country and arrives in the receiving facility, AFS medical expense insurance ceases, in accordance with these Terms and Conditions of Participation.
 - d) We will not hold AFS responsible for any actions relating to the emergency treatment.
27. We understand and accept that AFS may process the personal information that we have provided here, in the application process, and during program participation, and may transmit such data to third parties for any purpose reasonably required for the proper organization and fulfillment of the AFS program. We understand that the data will not be sold or otherwise transferred to third parties for any purpose.
28. If any term or condition of this Agreement shall be invalid or unenforceable, it shall not affect the validity of the remaining Terms and Conditions of this Agreement.
29. This Agreement and claims and disputes arising thereunder shall be governed by the internal laws of the State of New York.

CONSENT AND RELEASE

I grant to AFS, the right to use, publish and/or reproduce for any lawful and legitimate purpose excerpts from interviews and letters, photographs, video and audio recordings, and any other still or moving images of me taken during my participation in the AFS program and to use my name in this connection. I understand that I shall not be paid for their use.

ACCEPT

DENY

Both parents, or legal guardian(s) and candidate must sign this form and initials in spaces provided throughout the form. If the parents are divorced and the non-custodial parent does not have visitation rights, then only the parent of custody must sign. If the non-custodial parent has visitation rights, both parents must sign.

Note: If only one signature of parent/guardian is provided, proof of sole custody must accompany this form.

CANDIDATE: PRINT FULL NAME (First/Middle/Last)

SIGNATURE

DATE (mm/dd/yyyy)

For AFS-USA, Inc.:



Alex J. Plinio, President

For AFS Intercultural Programs, Inc.:



Alex J. Plinio, President, AFS-USA, INC.



(Ms.) (Mr.) Candidate's Name (First/Middle/Last)	Home City	Home State/Providence	Home Country
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TUITION POLICIES

Tuition includes: round-trip international travel with the AFS group; travel within the host country to host family and back; help in booking U.S. travel; placement with a carefully selected host family who provides basic living expenses; orientations in the U.S. and host country; emergency phone numbers in the U.S. and host country available 24 hours a day; AFS staff and volunteers, here and abroad, who help ensure the best possible experience for each student and family; tuition waiver from host school; and visa information.

Tuition does not include: secondary medical coverage (required), travel in the U.S., passport/visa fees, any required inoculations, school uniforms (where applicable), and personal spending money.

MERIT SCHOLARSHIPS AND FINANCIAL AID

Thanks to local AFS chapters, individual contributors, foundations, and corporations, AFS provides more than \$1 million annually in financial aid and merit scholarships to enable qualified high school students and recent graduates to live overseas for a summer, semester, or year. Each year, approximately 38 percent of participants receive financial assistance from national funds.

To qualify for financial aid, applicants must demonstrate financial need, a strong academic record, an interest in community service, and a willingness to consider a wide variety of country placements (outside of Western Europe, Australia, and New Zealand).

To be eligible for merit-based scholarships, the applicant must show a strong academic record and community involvement. All students are reviewed for merit aid when eligible.

To be eligible for the AFS Family scholarship you must be:

- Son or daughter of an AFS Returnee
- Your family has hosted 2 or more times
- A descendant of AFS Ambulance Driver

AFS volunteers may also help participants raise funds locally—applying early will allow more time for this. Contact your Application Advisor to discuss fundraising ideas.

Please check the appropriate box below:

- We plan to fund 100 percent of our son's/daughter's AFS program tuition.
- While we support our son's/daughter's participation in an AFS program, we are unable to fully commit to the financial requirements at this time. We have submitted our Scholarship and Financial Aid Application and understand we will be notified once it has been reviewed. In the meantime, we will begin considering other resources including fundraising and local AFS support where available.
 - Check here if you are applying for financial assistance and have not received a Scholarship and Financial Aid Application.

NOTE: AFS cannot select a program or country until all forms have been received, including the financial aid application if you are applying for need-based financial aid.

Name of Candidate (please print)	Signature	Date (mm/dd/yyyy)
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Name of Parent/Legal Guardian (please print)	Signature	Date (mm/dd/yyyy)
--	-----------	-------------------

Name of Parent/Legal Guardian (please print)	Signature	Date (mm/dd/yyyy)
--	-----------	-------------------

If candidate is not of legal age (21) Parent/Legal Guardian must also sign

CS10A

Program Release Conditions



AFS Participants will sometimes ask about the possibility of remaining in their host country after their AFS program ends rather than returning to the U.S. with their group. In these cases they would need to have AFS-USA change their international return tickets so that they can travel on a later date.

At the current time, due to the immigration laws of the following countries participants are not allowed to program release, meaning that they cannot remain in the following countries beyond the end date of their programs nor are they allowed to travel outside of these countries and then return to take their international flight home:

Austria
Belgium
Bolivia
Brazil (Community Service Program participants only)
Chile
Costa Rica
Finland
Great Britain
Hong Kong
The Netherlands
Russia
Spain
Thailand

Please be advised that AFS Participants in any of the programs offered in the countries listed above will not be allowed to program release at the end of their program and remain in their host country. Additionally, should similar laws be enacted in a partner country during the program year, AFS-USA will be required to comply immediately with these laws and will therefore not allow program releases in those countries. In all of these cases, AFS-USA will not be able to change existing international return tickets for participants. Participants will be required to return home to the United States with their group on the pre-arranged flight scheduled by AFS-USA at the end of their program. If they do not return on this flight, the return portion of their international ticket will be forfeited and AFS in their host country will be required to submit their name to the local immigration authorities.

I have read the above statement regarding travel in my host country at the end of my AFS program and I understand that in certain countries it may not be possible for me to remain in my host country or travel to other countries in that region. In this case I understand that I will be required to return home promptly at the conclusion of the AFS Program in accordance with the flight arrangements made for me by AFS-USA. I agree to abide by these restrictions if they should exist in my host country prior to the start of my program or are announced at any time during my program.

NAME OF CANDIDATE: PLEASE PRINT (First/Middle/Last) SIGNATURE DATE (mm/dd/yyyy)

NAME OF PARENT/LEGAL GUARDIAN: PLEASE PRINT SIGNATURE DATE (mm/dd/yyyy)

NAME OF PARENT/LEGAL GUARDIAN: PLEASE PRINT SIGNATURE DATE (mm/dd/yyyy)

PROGRAM AND COUNTRY PREFERENCES

PROGRAM CHOICE

Please indicate your program preferences below. Check the "Programs at a Glance" in the back of the catalog to be sure that the program you want is offered in the country you want. If you choose more than one program, please use numbers to indicate preferences.

2007 2008 2009

Community Service Year program departing in: Winter Summer

Community Service Semester program departing in: Winter Summer

COUNTRY CHOICE

Be sure to read all the program information, including the advice to vegetarians and other notes, before stating your country preferences.

My country preferences are:

First: _____

Second: _____

Third: _____

I would also consider:

-or-

I give AFS permission to select a destination. I understand that this may make me eligible for special scholarships.

AFS-USA MISSION STATEMENT

AFS-USA works toward a more just and peaceful world by providing international and intercultural learning experiences to individuals, families, schools, and communities through a global volunteer partnership.



Return Completed Application to:

AFS Admissions Center
506 SW 6th Avenue, 2nd Floor
Portland, OR 97204
Fax (503) 229-0753

To reach the Admissions Center:
Call 1-800-237-4636 or email Admissions@afs.org
<http://www.afs.org/usa>