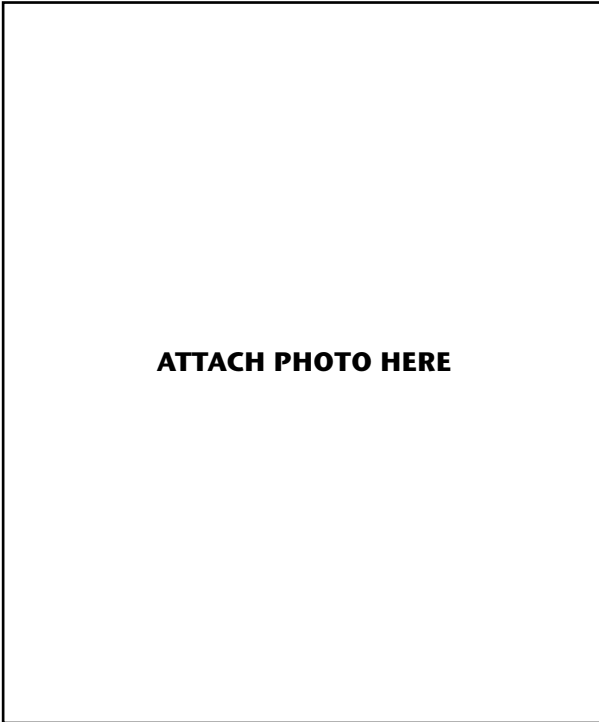




Candidate Application



(Ms.)(Mr.) First name Middle name Last name Birthdate: day/month(spell word)/year

Home city Home state/province Home country AFS sending organization

For office use only

AFS ID# Program applying for



1 Basic Personal Information

FOR OFFICE USE

AFS ID#

1 CANDIDATE'S LEGAL NAME

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

2 ADDRESS FOR MAILING PURPOSES

Street/P.O. Box _____ Zip/Postal Code _____

City & State/Province _____ Country _____

Telephone _____ Email address _____

Fax _____ Birthdate: day ___ month (spell word) _____ 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

I live with: Father Mother Stepfather Stepmother Guardian Other than Parent

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)/GUARDIAN(S) WITH WHOM I LIVE

Father/Stepfather/Guardian

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

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

Mother/Stepmother/Guardian

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

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

6 CONTACT DETAILS OF ANY NATURAL PARENT WITH WHOM I DO NOT LIVE

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

Year of Birth _____ Country of Birth _____ Occupation _____ Employer _____ 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, work, 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 on 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:

Please check the appropriate boxes if you CANNOT live with: **Cats** Indoors? Outdoors? **Dogs** Indoors? Outdoors? **Other pets** Indoors? Outdoors? If you checked boxes for other pets, please explain: _____

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

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 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 smoke in my host family's house. I will not smoke in my host family's house.

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

For Secondary School Programs: Please list the month and year in which you will complete your secondary studies: Month _____ Year _____

For Adult 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

Parent/Guardian Signature Date

(Parent/Guardian signature is required for all secondary school programs and candidates not of legal age in country of residence.)



3a Health Certificate

FOR OFFICE USE

AFS ID#

To be completed and signed by the candidate's physician. The physician should not be related to the candidate. Each question must be answered with a detailed explanation included or attached in a separate report for "YES" responses to questions 3-9, 11-13. AFS reserves the right to ask for further information and determine if the candidate meets the program medical qualifications. The candidate and parent/guardian must also sign.

(Ms.) (Mr.) Candidate Name (First/Middle/Last) Home Country Birthdate

- 1 Height _____ Weight _____ B/P _____ Pulse _____ Respiration _____
- 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 _____

3 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): _____

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

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

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

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

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

9 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, ear/hearing	<input type="checkbox"/>	<input type="checkbox"/>

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

10 HAS THE CANDIDATE BEEN HOSPITALIZED?

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



Candidate Name (First/Middle/Last) _____ Home Country _____

11 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: _____

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

13 Is there a history of, or present evidence of, an emotional, nervous or eating disorder? Yes No
If yes to either (12 or 13), a FULL report by the specialist and a statement by the candidate about the illness or specific problem must be attached in a sealed envelope. Note: 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.

14 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: _____

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

16 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? _____

17 CANDIDATE HAS HAD THE FOLLOWING IMMUNIZATIONS, PLEASE SPECIFY EXACT DAY, MONTH AND YEAR:

	YES	DAY/MO/YR	DAY/MO/YR	DAY/MO/YR	DAY/MO/YR	DAY/MO/YR
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 Name and Degree _____ Signature _____

Address _____ Date _____

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: _____

Parent/Legal Guardian Signature: _____ Date: _____



Hosting committees: Please complete the questions below based on information gathered at the selection weekend or a home visit. This form is NOT to be shown to the host family, hosting organization or the participant as it contains confidential placement information.

Candidate Name

Nationality Candidate's age at start of program

LIVING SITUATION: CHECK BOX THAT BEST DESCRIBES CANDIDATE'S AREA OF RESIDENCE

Urban Suburban area Small town Rural area

Name of the closest large city Distance Population

PLACEMENT DESIRED

Are there requests/restrictions regarding country or project placement? Specify and give reasons.

CANDIDATE'S PERSONALITY

To the best of your ability, indicate which variance is appropriate for the candidate (see definitions below).

1 2 3

- Variance 1: Participant is young and enthusiastic and looking for an intercultural experience and personal growth.
Variance 2: An individual with some work experience and/or educational background who wants to have an intercultural and work experience while providing a service to the host organization.
Variance 3: An individual with work experience and educational background who wants to provide a skilled service to the host community while having an intercultural and work experience.

Comment on the candidate's motivation -- why does he/she want to participate in this program?

What is the candidate's main projects interest?

Impressions of flexibility and adapting to a difficult living or working condition.

Describe the candidate's home, relationships with family/friends and a general description of the participant's social, economic and educational level.

Describe the candidate's personality.

Please share other relevant information or difficulties which may assist in finding an appropriate placement for this candidate.



Name of participant Date

AFS Program of participation

PERMISSION TO USE PHOTOGRAPHS AND VIDEO FOOTAGE

I understand that photographs and film and video footage (the "images") of current and former participants are occasionally used by AFS in promotional materials. By signing this Agreement, I 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 me taken during my involvement with AFS and to use my name in this connection. I understand that if I do not wish my images to be so used, I must mark the following box and initial the space beside it. By leaving this box blank, I understand that I will be deemed to have consented to such use.

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

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Should any medical emergency arise, if time permits, AFS will communicate with the person(s) I have designated below as the emergency contact(s) 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 them, I 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.

I am aware that some local government may require certain vaccinations in order for myself to participate in community responsibilities. I understand that I am responsible for any costs related to these requirements.

AUTHORIZATION FOR RELEASE OF MEDICAL TREATMENT

I hereby authorize AFS, and/or its duly authorized medical consultant, to obtain all medical records relating to examinations or treatments for me while I am on the program and any other information concerning such examinations or treatments..

AGREED AND ACCEPTED:

Signature of participant

Name of emergency contact Relationship

Work phone Home phone

Address



Candidate Name (First/Middle/Last)

Home Country

Date

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 candidate's 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.

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.

PERMISSION FOR SCHOOL SPONSORED ACTIVITIES (FOR SCHOOL-BASED PROGRAMS ONLY)

We authorize the AFS host parents for my son/daughter during his/her participation in the AFS program to execute any authorization required by our son/daughter's school for our son/daughter to participate in any school sponsored activities, events or programs.

SCHOOL COMMITMENT (FOR SCHOOL-BASED PROGRAMS ONLY)

The student fully understands that this AFS program is school-based and family-oriented. The student intends to participate fully in school activities and to complete all assignments and schoolwork while on exchange. We understand that school is compulsory. If the student should neglect the above, AFS and/or the host school has the right to deny his/her participation in classes and s/he may be sent home.

AGREED AND ACCEPTED BY

(Signature of Natural Parent)

(Signature of Natural Parent)

Signature of Candidate

Candidate's Birthdate: day _____ month (spell word) _____ year _____



Student Name: _____

Anticipated Month and Year of Graduation from Secondary School: _____

THIS FORM SHOULD BE COMPLETED BY A SCHOOL OFFICIAL. Note: Please be sure that courses and grades from current and two previous years are included. If current grades are not available, please list current courses.

1 SCHOOL INFORMATION

School Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Name of Principal: _____

Name of Exchange Coordinating Staff: _____

This school may be best described as the following (check all that apply): Public Private University preparatory Vocational Other (Please describe) _____

2 STUDENT STATUS

Student's current year in school: _____

Rank in class or other grouping: _____ Current GPA/average grade: _____

If your school does not rank students numerically, indicate the student's standing in relation to others in the class:

Top quartile 2nd quartile 3rd quartile Final quartile

By end of current school year student will have had _____ years of primary and _____ years of secondary schooling.

3 EXPLANATION OF GRADING SYSTEM

Outstanding = _____

Very Good = _____

Good = _____

Average/fair = _____

Poor = _____

Failing = _____

4 LANGUAGE PROFICIENCY

Foreign Language: _____

Proficiency (P= Poor, F= Fair, G= Good, E= Excellent)

English	P F G E	Other language	P F G E
Reading	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reading	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Writing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Writing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Speaking	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Speaking	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Understanding conversation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Understanding conversation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

5 STUDENT ADVANCEMENT/ATTENDANCE

Has the student missed or repeated a year or semester? Yes No If yes, indicate which year/semester and give reason: _____

Is there a history of frequent absences of two or more a month? Yes No If yes, attach an explanation.



Acknowledgement, Assumption-of-Risk, and Release Agreement For Independent Travel & Activities

1. Independent Travel

AFS Intercultural Programs, Inc. and its agents and affiliates, such as AFS national and local organizations and other organizations that are working directly with AFS, or are involved in supporting, promoting and assisting in AFS activities (together referred to as "AFS"), are aware that adult participants on the Community College and other 18+ programs may choose to travel independently while on their AFS program. Independent travel is defined as travel outside the host community, typically but not necessarily requiring an overnight stay. AFS is not responsible for student safety while on Independent Travel.

In consideration of being allowed to participate in the AFS Program, I _____, hereby assume all risks arising from travel outside of the AFS Program ("Independent Travel") during the AFS program, including risks of personal injury and of damage, theft, or loss of property, should I decide to undertake Independent Travel I take full responsibility for and release AFS from any responsibility whatsoever with regard to care and welfare, travel arrangements, arrangement of medical services (except to the extent covered by AFS-student medical insurance), food and lodging or financial assistance for or during Independent Travel. Further, I agree to indemnify and hold harmless AFS for any and all claims arising by reason of any acts or omissions during Independent Travel and any legal expenses incurred by AFS by reason thereof.

I understand that if I am travelling outside of the US I have made sure that I have the appropriate visas and that my US visa will allow for re-entry. I have spoken with my advisors at school and have asked them for the appropriate documentation. It is not the responsibility of AFS to check or advise me on my visa statuses. I take sole responsibility for international travel entry and re-reentry requirements.

I further understand that during Independent Travel I am still bound by the terms and conditions of the AFS Participation Agreement. Additionally, I understand and confirm that I will seek approval from my host family and liaison prior to making any travel arrangements.

2. Activities

I, _____ understand and agree that I, _____ may have the opportunity to engage in a wide variety of recreational, athletic, or other activities while on AFS organized activities, with host family members, on school activities or with friends and that there are risks associated with these activities ("Activities") By signing this form, I hereby consent to participating in such Activities and confirm that I will not hold the host family or AFS responsible for any harm or injury suffered while participating in these types of activities.

I also confirm that if I am unfamiliar with any of the Activities, including but not limited to those listed below, that I might participate in, including but not limited to those listed above, I will take steps to ensure that I understand the scope of those activities and if I am not comfortable with those activities, I will not participate in such activities.

In consideration of my participation in the AFS Program and the Activities, I hereby release the host family and AFS, its employees, agents and affiliates from and hold each of them harmless against, any and all liabilities, including but not limited to claims for negligence, I may incur, my heirs, executors, administrators, successors and or assigns, in respect of any claim, suit, or cause of action, including legal fees and expenses of litigation, on account of any personal injury, bodily injury, death, loss of health, financial loss or damage to property directly or indirectly as a result of my participation in the types of activities described in this release or other similar activities. I further understand that the list of activities above does not constitute a promise by AFS or by the host family that I will have the opportunity to engage in any particular activity.

I have carefully read the Part 1. Independent Travel and the Part 2. Activities of this agreement and fully understand its contents. I am aware that this is a release of liability and an enforceable agreement.

If the participant is under 18 at the time of submissions, then both parents, or legal guardian(s) and participant must sign this form.

PARTICIPANT: PRINT FULL NAME (First/Middle/Last)	SIGNATURE	DATE (mm/dd/yyyy)
PARENT/LEGAL GUARDIAN: PRINT FULL NAME	SIGNATURE	DATE (mm/dd/yyyy)
PARENT/LEGAL GUARDIAN: PRINT FULL NAME	SIGNATURE	DATE (mm/dd/yyyy)

List of Activities including but not limited to:

Motorized Activities (not requiring a license): ATV (operate or ride), Riding Lawn Mower/ Tractor (only on private property), Snowmobile (only on private property), Being a passenger in a small/private plane

Outdoor Activities such as: Biking, Hang Gliding, Horseback Riding, Rock Climbing (indoor/outdoor)

Team and/or School Sports such as: All School Sports

Water Sports such as: Canoeing, Rafting, Scuba Diving, Swimming (pool, lake, river, ocean), Water Skiing

Winter Sports such as: Cross-country Skiing, Downhill Skiing, Sledding/Tobogganing, Snowboarding, Snow Tubing

Other Activities such as: Caving/Spelunking, Paintball, Ropes Courses, Shooting (targets, trap, etc.), Hunting - both with guns and bow & arrow

**Community College Program
AFS USA**

AFS Intercultural Programs, Inc. and its agents and affiliates, such as AFS national and local organizations and other organizations that are working directly with AFS, or are involved in supporting, promoting and assisting in AFS activities (together referred to as "AFS") discourage participants from driving any motorized vehicle that requires a driver's license due to increased risk exposure.

In consideration for AFS allowing me to drive such a vehicle while on the program I, _____ hereby represent, covenant and agree, on behalf of myself and my heirs, assigns and any other person claiming by, under or through me, as follow:

1. I acknowledge that driving a motorized vehicle that requires a driver's license involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage and other harm could occur to me or others. I accept and voluntarily incur all risks of any injuries (except to the extent covered by the AFS Medical Plan, if applicable), damages, or harm which may arise during or as a result of my driving such a vehicle.
2. I waive all claims against AFS for any injuries, damages, losses or claims, whether known or unknown, which may arise during or as a result of my driving. I release and forever discharge AFS from all such claims.
3. I agree to indemnify and hold AFS harmless for any and all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by AFS as a result of any claims or suits that may arise during or as a result of my driving.

I understand that AFS does not supply any insurance covering driving liability risks and that AFS disclaims any responsibility related thereto. I understand that I must either purchase my own car insurance, or have my name added to the insurance policy of my host family. Any costs associated with said insurance are my responsibility.

I also understand that I am not allowed to drive my host family's cars or other motorized vehicles without written permission from the host family. Host families are not required, encouraged or expected to permit students to drive their cars.

I am absolutely not to be driving any AFS high school students as passengers in the vehicle.

I further understand that in all other regards I am still bound by the terms and conditions of the AFS Participation Agreement signed by me.

I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement. I understand it fully and I execute it voluntarily.

Participant : _____ Date : _____

Print Name :

Date: _____

Proof of Insurance – self or host family
Past Driving Record from home country
Letter from host family if they allow driving
Proof of valid license – international and then state

Statement of Student Expectations

The AFS Community College is similar in many ways to the AFS high school; and in other ways is very different. To ensure that the program is understood, participants must initial by each statement, indicating that they understand the design of this program, and sign at the bottom.

- Colleges and universities in the USA require a high level of English proficiency in order to take academic credit classes towards a degree. Even if I have taken and passed the TOEFL exam, I may still have to take an English test when I arrive. The language test and the placement advisors at the college are the sole decision makers on my course placement.

I understand: _____

- Unless confirmed otherwise (based on a TOEFL test), I will start in the Intensive English Program (IEP) with a course load of English language classes, such as, English Conversation, Grammar Skills, Reading in Action, etc. These classes are usually with other non-native English speakers, and represent a valuable international intercultural experience.

I understand: _____

- Higher intermediate skills in English may mean that I am eligible for credit classes in English as a Second Language (ESL). These credit classes may also be with non-native English speakers.

I understand: _____

- Some of the community colleges require the TOEFL exam; I may choose to take the TOEFL exam ahead of time, and if my score qualifies and my arrival English test confirms my ability, I may be able to enroll for credit classes in other subject areas. Sample qualifying TOEFL scores: bBT 500, cBT 170, iBT 60-95

I understand: _____

- My program fee covers a full time student enrollment of 12 credits. If I am eligible, and elect to take additional credits, I am prepared to pay additional tuition fees. (See note at end).

I understand: _____

- My host family will receive a small stipend to help offset the additional costs incurred with hosting me. The small stipend is not the same as what families could get if they were to "rent" a room to a college student. It simply helps the families with some of the additional costs of hosting and keeps our host families in the mind frame of being caring, volunteer families.

I understand: _____

- I am responsible for purchasing my own textbooks, and I can do this via the internet or in the campus bookstore for different prices.

I understand: _____

Statement of Student Expectations

- Transportation to and from school is my responsibility – including any costs associated with such transportation.

I understand: _____

- Participants on this Community College program may also choose to purchase a car or motorcycle. This is much more possible if I arrive with a valid international license since it can be converted to a State license. If I decide to drive, I must purchase automobile insurance on my own and provide documentation for the insurance to AFS USA. I am not authorized to use my host family's vehicles unless they write a letter authorizing it and provide this to AFS USA. If I use my host family's vehicle, they must add my name to their insurance policy. Under no circumstances am I to be driving AFS high school students.

I understand: _____

I have read and reviewed the following websites to understand the program:

- ◆ [The Community College Program](#)
- ◆ [The Community College Guide for Participants & Host Families](#)

Signed by _____ Date _____
Student Signature

Signed by AFS staff to indicate that all these items have been reviewed with the student, and are understood by the participant.

Note regarding credits per term:

Students assigned to Portland Community College (PCC) where there are 3 terms: Fall, Winter, and Spring, must be very careful to sign up for only 12 credits, or they will be billed the difference. Here students end the year with 36 credits for the year.

Roane State and Fulton-Montgomery College have a flat fee for up to 15 credits. Here students receive a total of 30 credits for the year.

All other colleges will charge the participant extra for courses over the 12 credits.