



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

2025 SUMMER INBOUND (IN- USA) DELEGATE APPLICATION



Paste a small
headshot of
yourself here

DELEGATE/STUDENT INFORMATION:

Last Name* _____
First* _____
Middle* _____
Nick Name _____
Address _____

City _____
Province _____
Country _____
Postal Code _____
Gender: ☐ Male ☐ Female
Religion _____
Student Lives ☐ Both Parents ☐ Mother
With: ☐ Father ☐ Other: _____

Overseas Organization _____
Home Phone _____
Cell Phone _____
Email Address _____
Country of Citizenship _____
Country of Legal _____
Residence _____
T-shirt Size _____
(Adult XS, S, M, L, XL)
Height _____
Weight _____
Date of Birth _____
MM/DD/YYYY
Age on Arrival in USA _____

**Exactly as printed in passport (If applying for passport later, apply with the name exactly as written above)*

PARENT INFORMATION:

Father's Legal
Status _____
Last Name _____
First Name _____
Occupation _____
Email Address _____
Home Phone _____
Business Phone _____
Cell Phone _____
Date of Birth _____
Age _____
Speaks English ☐ Yes ☐ No

Mother's Legal
Status _____
Last Name _____
First Name _____
Occupation _____
Email Address _____
Home Phone _____
Business Phone _____
Cell Phone _____
Date of Birth _____
Age _____
Speaks English ☐ Yes ☐ No

SIBLING INFORMATION:

Name (Last, First)	Gender (M/F)	Date of Birth (MM/DD/YYYY)	Age	Relationship (Brother, sister, etc)

DELEGATE LANGUAGE AND TRAVEL EXPERIENCE:

English Language Ability (Please circle one): *Excellent - Good - Average - Poor - None.*

Have you flown domestically before? ☐ Yes ☐ No Internationally? ☐ Yes ☐ No

Do you have a current passport? ☐ Yes ☐ No Expiration Date: _____

Previous International Travel Experience:

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

AT-A-GLANCE HEALTH SURVEY: Be as specific as possible. (If you need more room, please attach another sheet of paper.)

ALLERGIES:

1. Food allergies (shellfish, peanuts, etc.): _____

Indicate severity of food allergy (if any):

Mild				Moderate				Severe	
1	2	3	4	5	6	7	8	9	10

2. Animal/Pet Allergies:

☐ No pet allergy. Placement in a home with any type or size of pets/animals is okay with me.

☐ Although I am *mildly allergic* to the following animals, it's okay for me to be placed with them:

☐ I am *strongly allergic* to the following animals and cannot be placed with them inside the home:

☐ I am *afraid* of some pets and animals. Please do not place me in a home with the following:

3. Drug allergies (penicillin, etc.): _____

4. Other allergies (dust, pollen, etc.): _____

Indicate severity of other allergy (if any):

Mild				Moderate				Severe	
1	2	3	4	5	6	7	8	9	10

DIET:

Please list all special dietary needs & restrictions (ex: Vegetarian: List what you CANNOT eat):

OTHER HEALTH CONCERNS/MEDICATIONS:

1. Do you have any physical/psychological condition which your host family should know about?

☐ No ☐ Yes: _____

2. Are you taking any medications?

☐ No ☐ Yes (list all): _____

3. Are there any physical activities you are restricted from doing?

☐ No ☐ Yes (list all): _____

SMOKING:

☐ I am a smoker (refer to code of conduct)

☐ I may NOT be placed with a smoking family.

☐ I may be placed with a smoking family, but prefer non-smoking.

☐ A smoking family is acceptable for me.

SHORT ANSWER QUESTIONS:

What are your hobbies and interests?

Why do you want to participate in this exchange program?

INTRODUCTION TO YOUR HOST FAMILY:

In the following categories, check as many boxes as may apply to you.

What activities do you enjoy?

- | | | | | | |
|---|------------------------------------|-----------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Writing | <input type="checkbox"/> Reading | <input type="checkbox"/> Animals | <input type="checkbox"/> Museums | <input type="checkbox"/> Trying New Food | <input type="checkbox"/> Cooking |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Gardening | <input type="checkbox"/> Hiking | <input type="checkbox"/> Camping | <input type="checkbox"/> Nature/Outdoors | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Movies | <input type="checkbox"/> TV | <input type="checkbox"/> Computers | <input type="checkbox"/> Video Games | <input type="checkbox"/> Painting/drawing |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Dancing | <input type="checkbox"/> Studying | | | |
| <input type="checkbox"/> Playing a Musical Instrument | What Kind? | | _____ | | |
| <input type="checkbox"/> Watching a Sport | What Kind? | | _____ | | |
| <input type="checkbox"/> Other Activities | What? | | _____ | | |

What type of sports do you play?

- | | | | | | |
|-----------------------------------|-------------------------------------|----------------------------------|-----------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Baseball | <input type="checkbox"/> Hockey | <input type="checkbox"/> Tennis | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Ping Pong |
| <input type="checkbox"/> Skiing | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Running | <input type="checkbox"/> Swimming | <input type="checkbox"/> Basketball | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Football | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Golf | <input type="checkbox"/> Other | _____ | |

What type of music do you enjoy?

- | | | | | | |
|------------------------------------|-------------------------------------|-------------------------------|--------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Classical | <input type="checkbox"/> Disco | <input type="checkbox"/> Rock | <input type="checkbox"/> Popular | <input type="checkbox"/> Folk | <input type="checkbox"/> Country & Western |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Show Tunes | <input type="checkbox"/> Rap | <input type="checkbox"/> Alternative | <input type="checkbox"/> Other: | _____ |

Your Personality Characteristics:

- | | | | | | | |
|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|-----------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Sociable | <input type="checkbox"/> Curious | <input type="checkbox"/> Shy | <input type="checkbox"/> Emotional | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Quiet | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Laugh a lot | <input type="checkbox"/> Tidy | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Serious | <input type="checkbox"/> Honest | <input type="checkbox"/> Considerate |
| <input type="checkbox"/> Loyal | <input type="checkbox"/> Studious | <input type="checkbox"/> Energetic | <input type="checkbox"/> Other: | _____ | | |

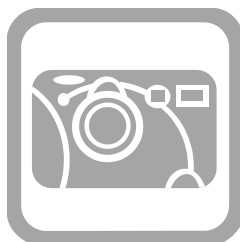
ADDITIONAL QUESTION FOR ALL DELEGATES:

Can you swim?

- | | | |
|-----------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <input type="checkbox"/> Beginner | <input type="checkbox"/> Intermediate | <input type="checkbox"/> Advanced |

*Please attach a few photos of yourself, your hobbies
and your family*

*You may add an additional page with more photos of
yourself, your hobbies and your family if you would like*





STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS (States' 4-H)

2025 SUMMER IN-USA PROGRAM COMPREHENSIVE RELEASE FORM

To be read, signed, and dated by the delegate and both parents or legal guardians.

Delegate's Name: _____

Family name

First name

Country of Origin

To be read, signed, and dated by the delegate and both parents or legal guardians.

We, the undersigned parents and/or legal guardians of the above-named delegate, hereby grant permission for our child "the delegate" to participate in the States' 4-H International Exchange Program ("States' 4-H").

TRAVEL RELEASE/AUTHORIZATION

We, the undersigned (parents/legal guardians), authorize our child to travel within the guidelines in this document, including:

1. Travel with the host family is limited to within the United States and Canada (see Note 1).
2. The host family must contact the state coordinator prior to any travel out of the country and provide an itinerary and emergency contact information.
3. Our child is prohibited from engaging in any high-risk activities (see page 2) during the entire period of travel with the host family.

We accept full responsibility for our child's participation in any travel within the guidelines in this document and agree to indemnify and hold harmless the States' 4-H (Board, staff, and volunteers), partner Land Grant Institutions (their personnel and volunteers) and the host family current and past.

It is understood that this Travel Release/Authorization is signed in advance and eliminates the necessity of obtaining our signatures at the time of any travel that meets the above program travel guidelines, for the duration of our child's participation in the States' 4-H International Exchange Program.

MEDIA RELEASE

We give our consent to authorize States' 4-H (Board, staff and volunteers), partner Land Grant Institutions (their personnel and volunteers), and any entity or person authorized or designated by them, the use and reproduction of any and all photographs, audio, video or film taken during program activities, in which our child may appear, for the purpose of program promotion or publicity of the organization's programs. We understand there will be no compensation for us. All digital media files, prints, audio, video or film are the property of the States' 4-H or the entity or person authorized or designated by it, solely and completely. We also waive any right to inspect or approve any photo, audio, video or film taken during the program. We affirmatively release and discharge States' 4-H (Board, staff and volunteers) and partner Land Grant Institutions (their personnel and volunteers) from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, video or film taken of my/our child during the Program.

MEDICAL CARE RELEASE

In case of illness, accident, or injury we grant permission to examine and treat our child, whose signature appears below, at an appropriate medical facility and to make referrals to outside physicians and facilities as indicated. We also authorize States' 4-H (Board, staff, and volunteers), partner Land Grant Institutions (their personnel and volunteers), host families and hosting schools (if applicable) to act for us in any emergency, accident or illness during the period of time our child is in the States' 4-H International Exchange Program and to make arrangements for whatever emergency medical care may be deemed necessary for our child's welfare. We grant permission to release information regarding our child's health to any individual designated by States' 4-H.

While under the sponsorship of the States' 4-H, our child may NOT participate in any **high-risk activities** including, but not limited to, the following:

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

CODE OF CONDUCT

Following are the terms of participation for the States' 4-H International Exchange Programs. Delegates are expected to observe the following during the entire exchange period. Failure to comply with these rules may be grounds for dismissal from the States' 4-H International Exchange Programs. I may be sent home at once, at my expense, for violating the rules listed below.

1. Delegates must abide by the laws of the host country, host state, and hosting organization.
2. Delegates must show respect for 4-H and all program staff in the U.S. and abroad and obey their instructions.
3. Delegates must obey host family rules about things such as, but not limited to, safety, curfews, and household chores. Delegates may not have guests in the host family's home without their host parent's permission.
4. Delegates should talk to their State Coordinator, Program Chaperone, or appropriate organization staff concerning problems they are having and avoid speaking of their host family's private affairs to community members and friends.
5. Delegates may not change host families without approval.
6. Delegates must always be aware of their responsibilities as an exchange participant and make a determined effort in their host family.
7. Delegates must not participate in any sexual contact or sexual activity, including possessing or viewing pornographic material.
8. Delegates must not take any action that may change the nature or course of their life, e.g. getting married, changing religion, etc.
9. Delegates are not allowed to purchase, possess, or use a firearm.
10. Delegates may not possess or use drugs except those prescribed by a licensed physician or over-the-counter medications such as aspirin.
11. Delegates are not permitted to purchase or drink alcoholic beverages.
12. Delegates are not permitted to smoke or use other tobacco products.
13. Delegates must not possess or use fireworks.
14. Delegates are not allowed to gamble.
15. Delegates must return to their home country on the date which 4-H or the program organization specifies.
16. Delegates must obtain prior consent from the host family and the appropriate organization contact before planning personal travel of any kind.
17. Delegates are prohibited from engaging in any of the high-risk activities noted above.

LIABILITY RELEASE

We hereby release States' 4-H (Board, staff and volunteers), partner Land Grant Institutions (their personnel and volunteers), hosting schools (if applicable), and host families past and present from any and all current and future claims, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by our child during the time he/she is a participant in the States' 4-H International Exchange Program.

We, the undersigned, understand that the insurance coverage provided as a part of the program is limited and that we are responsible for any medical expenses above and beyond those identified in the *Accident and Sickness Health Insurance Plan Summary*, including coverage determined to be in excess of *reasonable and customary*, as defined by the insurance provider. **Program insurance coverage does not cover pre-existing conditions nor the treatment of mental and nervous disorders.** Any/all medical expenses related to the treatment of pre-existing conditions or mental/nervous disorders are the full responsibility of we, the natural parents.

As the parent(s) or legal guardian(s) of the delegate we agree to supply our child with spending money to cover his/her needs and expenses for the duration of his/her exchange program and return home. We understand and agree that States' 4-H is not responsible for our child's money or personal property, whether lost or stolen, while he/she is participating in the program.

We, the delegate and parents/legal guardians, certify that all information provided in the Personal Information Sheet (PIS) is correct and complete, including medical and immunization history. We also understand that any changes in the information provided in the PIS, including but not limited to changes in the participant's medical history or condition, must be reported to the States' 4-H central office immediately. We understand that withholding information and/or providing incorrect information and/or not reporting changes after the PIS is submitted are grounds for possible termination from the program and repatriation at the parents' expense with no refund of program fees.

We, the parent(s) or legal guardian(s) give permission for States' 4-H and States' 4-H's international partners, including staff, coordinators, and host parent(s) to act on our behalf as the delegate's parent/guardian during the program. The delegate is considered to be a member of the family during the homestay.

The signature of the undersigned delegate and parents/legal guardians indicates a complete understanding and acceptance of the terms listed in the above *Travel Release/Authorization, Media Release, Medical Care Release, Code of Conduct, and Liability Release* and a willingness to abide by said *Travel Release/Authorization, Media Release, Medical Care Release, Code of Conduct, and Liability Release*. If we, the undersigned do not sufficiently understand English, we have requested from States' 4-H representatives in our country a translation in our native language of the *Travel Release/Authorization, Media Release, Medical Care Release, Code of Conduct, and Liability Release* to ensure that we understand the information stated herein. This agreement covers the period during which the delegate participates in the States' 4-H International Exchange Program (the period from the time our child arrives in the U.S. until he/she departs the U.S.).

Signature of parent #1/legal guardian

Print parent #1/legal guardian's name

Date

Signature of parent #2/legal guardian

Print parent #2/legal guardian's name

Date

Signature of delegate

Print delegate's name

Date

NOTES:

¹ Delegates from Argentina and Costa Rica are not permitted to leave the USA during their exchange program at any time. Travel to Mexico requires special permission from the natural parents.