

**NEW ZEALAND YOUNG FARMERS  
INTERNATIONAL EXCHANGE - MONTANA  
2019 DELEGATE APPLICATION**

Full name of the applicant:	
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Due dates: NZ Young Farmers, PO Box 23141, Hornby, Christchurch 8448  
and/or scan & email to [info@youngfarmers.co.nz](mailto:info@youngfarmers.co.nz) – subject: 'Your name 4H Exchange'

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|---------------------------------|--|
| 9 <sup>th</sup> December 2018:  | Applications close                               |
| 14 <sup>th</sup> December 2018: | Successful applicants notified                   |
| 21 <sup>st</sup> December 2018: | \$500 deposit on acceptance due                  |
| 1 <sup>st</sup> February 2019:  | First instalment due: \$1,000                    |
| 1 <sup>st</sup> February 2019:  | Medical form due                                 |
| 1 <sup>st</sup> March 2019:     | Second instalment due: \$2,000                   |
| 1 <sup>st</sup> April 2019:     | Final instalment due: \$1,000                    |
| 1 <sup>st</sup> June 2019:      | Travel Insurance details need to be sent to NZYF |

**Application Checklist:** *Only fully completed applications will be accepted.*

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| <input type="checkbox"/> Personal Details + photo<br><input type="checkbox"/> Health & Allergy Information<br><input type="checkbox"/> Introduction to Host Family<br><input type="checkbox"/> Additional Information<br><input type="checkbox"/> References | <input type="checkbox"/> Essay<br><input type="checkbox"/> Letter to Host Family<br><input type="checkbox"/> Short Answer Questions<br><input type="checkbox"/> Cultural Project<br><input type="checkbox"/> Miscellaneous |
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**Cancellation Policies:**

Cancellation by the applicant:

- Cancellations before February 1<sup>st</sup>: \$500 acceptance fee refundable
- Cancellations after February 1<sup>st</sup>: No refund (100% cancellation fee).
- Airfare is non-refundable once issued (airline credit may apply, airline regulations vary). Tickets are issued in mid-March.
- Only fully paid delegates will be allowed to travel or come to the departure orientation.
- Sponsors must send checks directly to the delegate.

**1. Personal Details:**

<i>Please attach a portrait photo here</i>	Full Legal Name <i>(as printed on passport)</i>	
	Name you prefer:	
	Gender:	
	Age at departure:	
	Date of Birth:	
	Year level in 2019:	
	T-shirt size (adult):	

Home address:	
Cell phone:	
Home phone:	
Email address:	

**Emergency Contact #1:**

Home address:	
Cell phone:	
Home phone:	
Email address:	
Occupation & contact: (in case of emergency):	

**Emergency Contact #2:**

Home address:	
Cell phone:	
Home phone:	
Email address:	
Occupation & contact: (in case of emergency):	

**2. Health & Allergy Information:**

**ALLERGY INFORMATION:**

The formal medical form is not due until March 1. However, please fill out this section with any/all applicable conditions. Be as specific as possible. Follow up questions may be asked. Attach an additional page, if needed.

ALLERGIES: List all food and non-food allergies and indicate the severity, any reactions, and medication, if any, for each.

Type of Allergy	Severity (1 mild - 5 severe)	Allergic Reaction(s) (explain severity)	Medication?*	Additional Information:
			(If yes, name and dosage)	

\*Is the applicant able to take medication on their own, or will they need reminders from host family?

**HEALTH CONCERNS:** List physical/mental conditions, both mild and severe. Please be comprehensive.

Condition/ Illness	Additional Information the Host Family should be aware of:	Name of Medication*	Dosage (mg.)

\* Please make sure all of the medication you plan to bring is legal in the international country you are going to.

Are there any recent injuries or surgeries we should be aware of? <i>If yes, provide a brief description:</i>	
Are there any physical activities you are restricted from doing? <i>If yes, list all:</i>	

**3. Introduction to Host Family:**

**SMOKING:** Please select one of the below,

- Non-smoking family **only**
- Acceptable if family member smokes outside
- A smoking family is acceptable

**ANIMALS:** Please select one of the below,

- Placement in a home with any type or size of pets/animals is okay with me.
- Although I am mildly allergic to the following animals, it's okay for me to be placed with them: \_\_\_\_\_
- I am strongly allergic to or afraid of the following animals. I cannot be placed with them: \_\_\_\_\_

**DIET:**

a. Do you have any special dietary needs or restrictions (check all that apply)?

- Vegetarian
- Vegan
- Gluten Free
- Soy Free
- Dairy Free
- Other: \_\_\_\_\_

b. If you checked at least of one the boxes above in "a.":

List what you can eat:	
List what you cannot eat:	
Any other special dietary needs or restrictions:	

**INTERESTS & HOBBIES:** Check as many boxes as may apply to you.

What activities do you enjoy?

- Studying
- Shopping
- Hiking
- Camping
- Nature/Outdoors
- Movies
- Swimming
- Cooking
- Crafts
- Museums
- Listening to music
- Gardening
- Bicycling
- Painting/Drawing
- Boating
- Reading
- Writing
- Dancing
- Singing
- TV
- Computers
- Video games
- Musical instruments (types:    )
- Animals (types:            )
- Sports; (types:            )
- Fishing
- Hunting

What do you usually do in your free time?

- |                                  |  |   |
|----------------------------------|--|---|
| <input type="checkbox"/> Movies  | <input type="checkbox"/> Studying              | <input type="checkbox"/> Spectator of Sports Events |
| <input type="checkbox"/> Museums | <input type="checkbox"/> Shopping              | <input type="checkbox"/> Other : _____              |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Participate in Sports |   |

Please list some of your other hobbies & interests (if not covered above):	
Please list some things about the hosting country and its culture that you find interesting:	

**4. Additional Information:**

Successful applicants are required to arrange their own travel, and any other personal insurance. Insurance company details must be sent to NZYF National Office on request.

*(Participants are responsible for expenses beyond the coverage of the exchange program's insurance policy.)*

**TRAVEL EXPERIENCE:**

a. Have you flown domestically before?

- Yes
- No

b. Internationally?

- Yes
- No

Please list any international travel experience <i>Country, Length of Stay Dates/Year Purpose (tourist, study, etc.)</i>	
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c. Do you have a current passport?

- Yes - Submit a copy of photo page (with signature)  
*The passport must be valid for three (3) months after the intended return travel date. Check the expiration date and renew, if needed.*
- No - Apply in advance. It may take as long as two months, so please apply in advance. Submit a copy of photo page (with signature) when passport is received.

**AIRPORT SELECTION:**

Which local airport would you prefer to use? In the event that your preferred airport is not feasible or if all delegates must depart from the same airport, an alternative airport within 200 kilometres of the listed ones may be chosen at New Zealand Young Farmer's discretion. Departure could be as early as 5AM and return could be as late as midnight. *NOTE: In general, airfare is more expensive when you choose smaller airports.*

Option #1 Airport Name:	
Option #2 Airport Name:	

**HOSTING EXPERIENCE:**

a. Have you hosted any international exchange students before?

- Yes
- No

If yes, what year and through which organisation(s) did you host? (Please list all.)	
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b. Are you interested in hosting next year?

- Yes
- No

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

Foreign Languages Spoken:	Ability: <i>Excellent - Good - Fair - Poor</i>

### 5. References:

TeenAg members are required to name at least one NZYF member (staff or NZYF member) and one other reference to support their application:

NZYF Member Name:	
Home phone:	
Cell phone:	
Email Address	

Second Referee Name:	
Home phone:	
Cell phone:	
Email Address	

### 6. Essay:

On a separate piece of paper, *handwrite or type* 1-2 paragraphs for each of the following questions.

- a. **What are your expectations for this exchange?**
- b. **Why do you want to participate?**

### 7. Letter to Host Family(s):

On a separate piece of paper, *handwrite or type* a letter to your host family(s) introducing yourself, your family, and your interests.

**8. Short Answer Questions:** *Please answer the following questions in the space provided. Attach additional pages if necessary (2-3 sentences for each question).*

**a. This exchange is a cultural immersion program. The host country will have cultural differences from your home, community, county and state. Do you have experience interacting with people from different backgrounds? If so, how did you react when faced with an unfamiliar cultural situation?**

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**b. What kinds of situations take you out of your comfort zone? How do you cope when feeling uncomfortable? How do you communicate your discomfort?**

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**c. Are you raising money to participate in this program? If so, how?**

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**d. What does global citizenship mean to you? How do you expect that your worldviews might shift or be challenged by this experience?**

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**e. Your host family has become busier with work and you have limited to no internet access (email, social media, cell phone, etc.). How would you spend your down time?**

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**9. Cultural Project:** On a separate piece of paper, *handwrite or type* a short written description of a cultural project to share with your host families (feel free to include pictures or drawings). The project can be in any form and on any topic. For instance, you could prepare your favourite kiwi food or teach your favourite sport or kiwi song- Tutira Mai Nga Iwi!

You should also be prepared to leave a "hard copy" of your project with your host family. For instance, write down the recipe for the dish you prepare or the instructions to the game you teach. The goal is for you to share a piece of Kiwi culture with your host family and new friends ... and to have fun!

## 10. Miscellaneous

### TRAVEL RELEASE/AUTHORIZATION

I/we, the parent(s) and/or legal guardian(s) of (full name) \_\_\_\_\_ (the "delegate"), hereby grant permission for the delegate to travel and participate in New Zealand Young Farmers International Exchange Program with Montana 4H.

I/we agree to accept the flight itinerary that New Zealand Young Farmers arranges for the delegate. I/we agree to pay the cost for any deviations from this flight schedule caused by the delegate's personal actions. New Zealand Young Farmers (their personnel and volunteers), and the international partner organization shall have no liability if the delegate voluntarily or otherwise withdraws or is dismissed from the program. Furthermore, I/we understand that program fees, airfare, and travel agent fee must be paid in full by the established deadlines in order for the delegate to participate in the exchange. In the event that the international partner organization cancels the program due to unforeseen circumstances, delegates will receive a refund for any payments made and may reapply to a different outbound program, except airfare may be non-refundable or airline credit may apply.

### MEDICAL RELEASE

I/we hereby authorize the representatives of New Zealand Young Farmers and the international partner organization and/or the parents of the family assigned as hosts for my/our child, to make arrangements for my/our child's welfare, including transportation in the event of an emergency, and for whatever emergency medical care may be deemed necessary for my/our child's welfare, while participating in this program. I/we grant permission to release information regarding my/our child's health to any individual designated by New Zealand Young Farmers.

### LIABILITY RELEASE

This liability release covers the time period from when the delegate departs his/her home region until he/she returns to his/her home region. While under the sponsorship of New Zealand Young Farmers, the delegate may participate in high-risk activities including, but not limited to, the following:

- bungee jumping
- motorcycle/motor scooter driving/ riding
- hunting
- paintball
- hang gliding
- mountaineering & rock climbing
- glider riding
- operating farm equipment
- scuba diving
- operating motorized lawn equipment
- water skiing
- snorkelling
- horse racing
- driving/riding motorized recreational vehicles

I/we, the undersigned, authorize the delegate to participate within the program guidelines established by New Zealand Young Farmers. I/we hereby release New Zealand Young Farmers (their personnel and volunteers), and the international partner organization, program chaperones, and host families, past and present from any and all current and future claims, losses, expenses, charges, costs and/or causes of action for loss of property, personal injury, illness, accident or death sustained by the delegate during the time he/she is a participant in the program.

I/we agree to supply the delegate with spending money to cover his/her personal needs and expenses for the duration of the program and return home. I/we understand and agree that New Zealand Young Farmers is not responsible for the delegate's money or personal property, whether lost or stolen, while he/she is participating in the program.

I/we certify that all information provided in this application is correct and complete, including medical history. I/we also understand that any changes in the information provided, including but not limited to changes in the delegate's medical history or condition, must be reported to New Zealand Young Farmers immediately. I/we understand that withholding information and/or providing incorrect information and/or not reporting changes after the medical form has been submitted are grounds for possible termination from the program (or participation of the delegate in the program) and repatriation at my/our expense with no refund of program fees.

### PHOTO/MEDIA RELEASE

I/we grant New Zealand Young Farmers (their personnel and volunteers), and the international partner organization unlimited permission to copyright and use, publish, and republish for purposes of advertising, public relations, trade, or any other lawful use, information about my/our child and reproductions of my/our child's likeness (photographic or otherwise), whether or not related to any affiliation with New Zealand Young Farmers, with or without my/our child's name. I/we hereby waive any right that I/we may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

## CODE OF CONDUCT

The following are the terms of participation for New Zealand Young Farmers international program. Delegates are expected to observe the following during the entire exchange period.

1. Delegates must abide by the laws of the host country, host state, and hosting organization.
2. Delegates must show respect for New Zealand Young Farmers and all program staff in New Zealand and abroad and obey their instructions.
3. Delegates must obey host family rules about things such as, but not limited to, curfews and household chores.
4. Delegates may not have guests in the host family's home without their host parent's permission.
5. Delegates should talk to their program chaperone, or appropriate organization staff concerning any problems they are having and avoid speaking of their host family's private affairs to community members and friends.
6. Delegates may not change host families without approval.
7. Delegates must always be aware of their responsibilities as an exchange participant and make a determined effort in their host family.
8. Delegates must not participate in any sexual contact or sexual activity, including possessing or viewing pornographic material.
9. Delegates must not take any action that may change the nature or course of their life, e.g. getting married, changing religion, etc.
10. Delegates are not allowed to purchase or use a firearm.
11. Delegates may not possess or use drugs except those prescribed by a licensed physician or over-the-counter medications such as aspirin.
12. Delegates are not permitted to purchase or drink alcoholic beverages.
13. Delegates are not permitted to smoke or use other tobacco products.
14. Delegates must not possess or use fireworks.
15. Delegates are not allowed to gamble.
16. Delegate must respect and abide by host family and hosting organization rules in relation to use of computer, internet, cell phone, and e-mail. Delegates must also practice safe use of the internet and must not share theirs or their host family's personal contact information on public websites, nor post inappropriate comments/ photos on social media networking sites.
17. Delegates are not allowed under any circumstances to access websites containing pornography, chat rooms, or any other sites deemed inappropriate by the host family or program officials.
18. Delegates must return to their home country on the date and using flight itinerary ticketed by New Zealand Young Farmers.
19. Delegates must obtain prior consent from the host family and the appropriate organization contact before planning personal travel of any kind.
20. Delegates must follow program safety guidelines at all times.

I, the delegate, have read and understand the above, and agree to comply with these rules. I understand that failure to comply with these rules may be grounds for dismissal from the New Zealand Young Farmers International Programs and I may be sent home at once at my expense for violating the rules above. In addition, I must be in good standing from the time of acceptance through the exchange period, and failure to comply may be grounds for dismissal from New Zealand Young Farmers International Program participation.

I CERTIFY that all information in this application is true and complete to the best of my knowledge. I understand the purposes and objectives of the New Zealand Young Farmers Exchange Programs and agree to participate within the framework of the program.

NZYF reserve the right to judge the applications and determine the 'winners' at the sole discretion of NZYF and that no correspondence will be entered into in respect of NZYF's decision.



The signature of the undersigned delegate and parent(s)/legal guardian(s) indicates a complete understanding of and a willingness to abide by the above Travel Release/Authorization, Medical Release, Insurance Agreement, Liability Release, Photo/Media Release, Code of Conduct, and Cancellation Policy.

Signature of delegate	Print Name of the Delegate	Date

Signature of parent/guardian	Print Name of the parent/guardian	Date

Signature of parent/guardian	Print Name of the parent/guardian	Date

\*In the case of divorced parents:

1. For divorced parents with joint custody, both parents must sign above.
2. For divorced parents where one parent is awarded full custody, only one parent needs to sign above. The same parent must sign below:

By signing below, I attest that I have sole custody of the child listed above.

Signature of Parent or Guardian \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_