

中国教育国际交流协会

关于选派青年赴海外研学项目的通知

有关单位:

为推动民间教育国际交流，向广大青年提供开拓国际视野、提升专业能力、参与国际文化教育交流的机会，中国教育国际交流协会 AFS 项目全国管理办公室与丹麦 AFS 国际文化交流组织开展合作，拟选派在校大学生、青年干部赴丹麦参加学期和学年的海外研学活动。现将有关事项通知如下:

一、项目概览

(一) 丹麦跨文化研修项目

1. 接待学校: 民众高等学校 (Folk College)。民众高等学校 (Folk College) 是丹麦特有的高等教育形式，主要聚焦 18 至 30 岁青年的素质教育，以体验式、项目式学习为主要形式，注重项目参与者的师生、生生之间的对话和交流，帮助项目参与者深度体验斯堪的纳维亚文化以及来自全球的不同文化。学校主要采用英语教学，其师生来自世界各地，项目参加者除得到专业能力的提升外，还将结识来自世界各地的同龄人，全面提升英语语言能力及跨文化交流的能力，在丰富多彩的项目式学习和交流活动中潜移默化地培养责任感、全球意识和创新能力。

2. 可选择课程: 全球胜任力、领导力、生命启蒙、表演、编

导、音乐与舞蹈、可持续发展、个人成长探索、社群管理、生涯规划、政治、文化、艺术设计、编程、体育运动等。

3. 食宿安排：入住接待学校，食宿由学校提供。

4. 接待家庭体验：丹麦 AFS 组织提供联系家庭，可每月拜访一次。

5. 文化体验：项目学校定期组织旅行、文化体验活动及文艺活动。

(二) 申请条件

1. 热爱祖国、遵纪守法、具有良好的思想品德；
2. 身心健康，具有良好的心理素质及海外生活适应能力；
3. 18 至 30 岁在读大学生或在职青年（30 岁以上申请者请与 AFS 项目全国办老师联系）；
4. 具有良好的英语沟通能力；

(三) 项目费

1. 项目期间的学费与食宿；
2. 项目期间由 AFS 组织的研学旅行；
3. 国内、国际、接待国 AFS 组织的管理、协调和支持；
4. 国际医疗保险；
5. 全球胜任力（Global Up Abroad）在线课程；
6. 境外机场接送机服务；
7. 7×24 小时紧急电话服务。

费用不含：

1. 往返机票；
2. 个人护照、签证办理等费用；

3. 零花费等个人开支。

二、项目信息

国别	项目时长	项目时间	项目费用(元)
丹麦	学期项目	2024年1月-2024年6月	86000~89000
	学年项目	2024年1月-2024年12月	138600~148600

(具体学校专业方向、项目时间与项目费请参考附件2)

三、申请程序

(一) 提交申请材料

项目参加者需认真填写附件3、4中的中英文申请表，确保所填信息真实、完整；

(二) 线上面试

我办将为通过材料审核的项目参加者安排线上面试，考察学生英语口语水平和综合能力等内容，具体时间另行通知。

四、报名方式

联系中国教育国际交流协会 AFS 项目全国办自行报名，报名截止日期：2023年11月15日

联系人：赵荷悦、韩丽杭

电话：010-66416582-810、818

传真：010-66414056

邮箱：afs_18plus@126.com

附件：1. AFS 国际文化交流项目简介

2. 丹麦跨文化研修项目接待学校一览表

3. 项目中文申请表

4. 项目英文申请表

中国教育国际交流协会
AFS 项目全国管理办公室
2023 年 9 月 27 日

AFS 国际文化交流项目简介

一、关于中国教育国际交流协会

中国教育国际交流协会成立于 1981 年 7 月，是中国教育界开展对外教育合作与交流的全国性社会组织，致力于推动中国教育界同世界各国、各地区的交流与合作，促进教育、科学和文化事业的发展，增进各国和各地区人民之间的了解和友谊。

交流协会于 2006 年获得“联合国经社理事会特别咨商地位”；2008 年成为“联合国新闻部非政府组织合作伙伴”；2009 年获得“联合国教科文组织咨商地位”；2011 年成为联合国学术影响力项目成员。2014 年被民政部评为 5A 级社会组织，2015 年被民政部授予“全国先进社会组织”称号。秘书处设在北京，为常设办事机构。交流协会秘书处与 50 余个国家和地区的 170 多个权威教育组织和团体建立了长期稳定的交流合作关系。

二、关于 AFS 国际文化交流项目

AFS 国际文化交流项目由中国教育国际交流协会与 AFS 国际文化交流组织（AFS Intercultural Programs, Inc.）合作，以大、中学师生为主体、依托全球数万名志愿者，开展沉浸

式跨文化交流，致力于培养具备国际视野与跨文化交流能力的未来杰出人才，从而促进全球对话，推动世界和平。

AFS 国际文化交流组织成立于 1914 年，总部设在美国纽约，是联合国教科文组织特别咨商地位组织。1947 年，AFS 组织开始推动国际文化交流项目，在全球拥有 60 个国家的 AFS 伙伴组织，交流项目分布全球 110 个国家和地区。

1981 年，AFS 国际文化交流组织通过我驻美使馆与原国家教委外事局展开合作；1982 年，我国派出首批中学教师；1997 年派出首批中学生；2001 年开始接待来自世界各地的学生来华交流。四十年来，中国教育国际交流协会在全球与近 40 个国家和地区、在国内与 28 个省市的单位合作开展项目，项目总人数达 9000 余名，为国家培养了一批批熟练掌握非通用语、理解文化差异、具备国际视野的青年人与知华、友华的世界各国青年，得到广大学生、家长和学校的高度认可，是我国基础教育领域最具社会影响力和知名度的国际交流项目。

三、项目特色

◇ 沉浸式的项目体验：深度培养学生的全球胜任力

项目学生与来自世界 110 个国家和地区的学生一起分赴各接待国，入住经接待国 AFS 组织根据国际标准严格遴选的

当地志愿接待家庭/项目学校、就读当地公立学校，进行沉浸式的跨文化交流与学习，培养学生的国际视野、学习多门外语的能力、锻炼跨文化适应和沟通能力及国际胜任力。

◇ 健全的支持体系：百年国际标准为学生护航

1. 依托中国教育国际交流协会和 AFS 国际组织平台，派出国和接待国的 AFS 项目全国办和地方办、接待学校、接待家庭和联系人组成四角支持体系，学生支持工作贯穿项目全程；

2. 紧急情况下，派出国和接待国均提供 7*24 小时应急管理和紧急电话支持；

3. 单笔医疗保额不少于 50 万美元的 AFS 医疗保险及附加保险。

◇ 专业化的培训体系：国际理解教育贯穿始终

1. 多维度展示项目内涵：参加项目前，通过定期邀请 AFS 项目的回国学生、回国教师、派出学生家长等进行项目分享，帮助项目参加者全面了解项目内涵；

2. 全方位提供专业指导：进入项目申请环节，根据接待国要求和学生自身特点，全程指导学生进行英文申请表的填写及参加项目前的准备工作，便于接待国找到高度匹配的接待家庭和学校；

3. 全程贯穿国际理解教育理念：进入项目阶段后，派出国和接待国的 AFS 组织围绕国际理解教育，分为六个阶段对交流生进行国际理解教育和跨文化学习的系统培训，帮助学生更好地融入接待国文化，提高学生在跨文化环境中寻求帮助、解决问题、有效沟通和理解的能力。

◇ 国际化的评估体系-全面评估确保项目质量

通过全球统一的客户服务满意度（Custom Service Evaluation，简称 CSE，其中包括派出学生、派出家庭、接待学生、接待家庭、派出学校、接待学校）和伙伴组织满意度（Partner Service Evaluation，简称 PSE）全面评估项目质量。中国 AFS 项目近十年来在国际评估中客户满意度取得 90% 以上的优良成绩。

附件 2

丹麦跨文化研修项目接待学校一览表

接待学校	Brandbjerg Højskole
项目时长	学期：2024 年 1 月 8 日-2024 年 6 月 23 日
	学年：2024 年 1 月 8 日-2024 年 12 月 22 日
特色课程	可持续发展、创业指导、野外生存、舞蹈、音乐（包括音乐创作、乐队/合奏、声乐、合唱团）等。
项目费用	学期：89000 元
	学年：148600 元
接待学校	Egaa Youth
项目时长	学期：2024 年 1 月 7 日-2024 年 6 月 30 日
	学年：2024 年 1 月 7 日-2024 年 12 月 21 日
特色课程	全球胜任力、可持续发展、政治，哲学等。
项目费用	学期：86000 元
	学年：138600 元
接待学校	Nordjyllands Sports
项目时长	学期：2024 年 1 月 7 日-2024 年 6 月 29 日
	学年：2024 年 1 月 7 日-2024 年 12 月 16 日
特色课程	竞技体育。
项目费用	学期：89000 元

	学年：148600 元
接待学校	Ribe Højskole
项目时长	学期：2024 年 1 月 7 日-2024 年 6 月 30 日
	学年：2024 年 1 月 7 日-2024 年 12 月 21 日
特色课程	全球胜任力、可持续发展、政治，哲学、心理学、电影、戏剧、摄影、音乐、手工坊等。
项目费用	学期：86000 元
	学年：138600 元
接待学校	Silkeborg Højskole
项目时长	学期：2024 年 1 月 7 日-2024 年 6 月 16 日
	无学年项目
特色课程	全球胜任力、体育类（水上运动，球类运动），艺术类（陶艺，绘画）、音乐类及编导、编剧等。
项目费用	学期：89000 元
	无学年项目
接待学校	Snoghøj Højskole
项目时长	学期：2024 年 1 月 7 日-2024 年 6 月 16 日
	学年：2024 年 1 月 7 日-2024 年 12 月 16 日
特色课程	戏剧、表演等多种艺术类课程。
项目费用	学期：86000 元
	学年：138600 元

接待学校	Vestjyllands Højskole
项目时长	学期：2024年1月7日-2024年6月8日
	学年：2024年1月7日-2024年12月16日
特色课程	能源可持续、生态创业和运动、户外课程。同时也开设舞蹈、音乐、声乐、美术、戏剧、烹饪、写作、哲学、政治和丹麦语等。
项目费用	学期：89000 元
	学年：148600 元



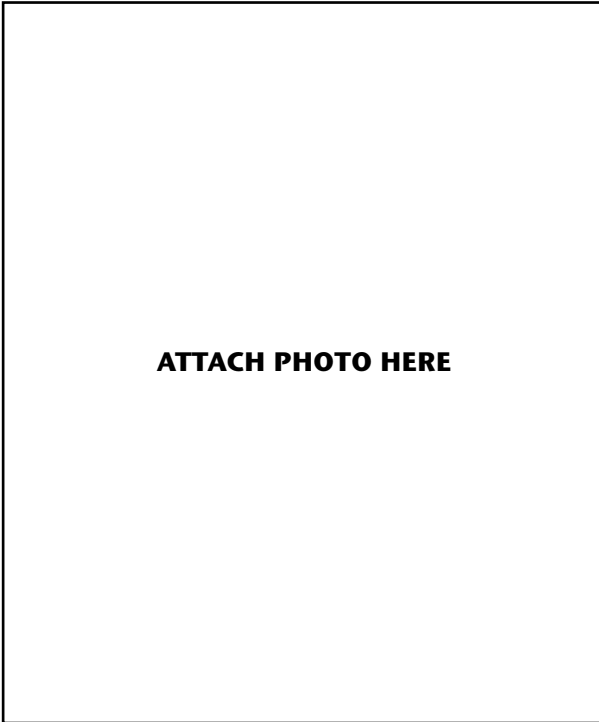
AFS 国际文化交流项目

2024 年青年赴海外研学项目申请表

基本信息							
姓名		性别		民族		贴照片处 (2寸彩色证件 照片)	
拼音		出生日期		年	月		日
出生地		身份证号					
护照号码							
护照有效期							
手机							
邮箱							
有无饮食禁忌			是否晕车				
有无宗教信仰			是否有过敏经历				
第一外语		学习时间		水平			
第二外语		学习时间		水平			
意愿项目	丹麦学期 ()		丹麦学年 ()				
学校信息 (在校学生填写)							
学校				专业及届别			
学校地址					邮编		
学校联系人			电话		传真		
学校联系人 电子邮件							
家庭地址					邮编		
父亲姓名			联系电话				
母亲姓名			联系电话				



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:

Table with 7 columns: YES, DAY/MO/YR, DAY/MO/YR, DAY/MO/YR, DAY/MO/YR, DAY/MO/YR, DAY/MO/YR. Rows include Measles, Mumps, Rubella, Diphtheria, Pertussis, Tetanus, Poliomyelitis, BCG, Hepatitis B, Other.

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:



Candidate Name City State/Prov./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.

PROJECT INTERESTS

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

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

- Environmental/wildlife conservation
Protection of human rights
Women's development
Community development
Business development
Agriculture
Public health issues
Serving the elderly
Other:
Serving the mentally disabled
Serving the physically disabled
Serving immigrant populations
Education:
Children
Youth
Adults

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

2 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.

Multiple horizontal lines for writing the answer to question 2.

3 It is not expected that participants will be experts in their field of placement. Provided that, 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.

Multiple horizontal lines for writing the answer to question 3.



Candidate Name City State/Prov./Region

YOUR BACKGROUND

4 Describe your volunteer and work experiences. What aspects are most satisfying? In addition, please attach a copy of your most recent resume/CV. _____

5 What specific skills will you bring and what do you hope to gain personally and professionally? _____

6 If applicable, summarize your overseas experience and what you learned from the experience. _____

YOUR PLACEMENT

7 Many placements are in less developed areas. How do you feel about working in this environment? _____

8 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. _____



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