

贵州省教育国际交流协会

黔教际协〔2018〕15号

关于2018-2019年度中国教育国际交流协会 赴泰国汉语国际志愿者项目的遴选通知

各相关会员单位：

现转发《关于2018-2019年度中国教育国际交流协会赴泰国汉语国际志愿者项目的遴选通知》（际协〔2018〕149号）。为进一步做好教育对外开放，加强同“一带一路”国家的教育人文交流，建立高效学生海外志愿者服务机制，中国教育国际交流协会拟选拔15名大学生作为汉语国际志愿者赴泰国进行汉语辅助教学、汉语文化推广活动并将与欧美其他国家的国际语言教学志愿者进行文化交流活动。现将有关事项通知如下：

一、项目内容：

1、志愿者将被分配到泰国当地小学、中学（中学为主），担任学校的汉语课助教。

2、志愿者工作时间为周一至周五，平均工资时间为每周20-25小时。

二、项目时间

2018.10.25--2019.4.18；

三、申请要求

(一) 热爱祖国，遵纪守法，具有良好的思想品德和职业道德。

(二) 身心健康，具有良好的心理素质、适应能力；

(三) 年满 18 岁的高校在校生，包括研究生；

(四) 专业不限，对外汉语、英语或中文专业的学生优先考虑，志愿从事汉语国际推广工作；

(五) 拥有较强的生活自理能力、人际交往能力以及环境适应能力，具备个人奉献及团队合作精神。

四、申请材料

细则详见附件。

五、项目费用

细则详见附件。

请各学校选拔推荐符合申请要求的学生，并于 2018 年 5 月 31 日前将申请人材料电子版发送至我协会胡老师邮箱。相关具体事项详见文件内容。

联系人：胡冉旭

电话：0851-85283589

邮箱：525468211@qq.com

附件：

关于中国教育国际交流协会 2018-2019 年赴泰国汉语国际志愿者项目的遴选通知

贵州省教育国际交流协会

2018 年 5 月 7 日



中国教育国际交流协会

际协〔2018〕149号

关于2018-2019年度中国教育国际交流协会 赴泰国汉语国际志愿者项目的遴选通知

各单位：

为进一步做好教育对外开放，加强同“一带一路”国家的教育人文交流，建立高校学生海外志愿者服务机制，我会与 AFS 泰国国际文化交流组织合作，开展大学生汉语国际志愿者项目。2018年我会拟选拔15名高校学生作为汉语国际志愿者赴泰国进行汉语辅助教学、汉语文化推广活动并将与欧美等其他国家的国际语言教学志愿者共同进行文化交流活动。现将有关事项通知如下：

一、项目概况

（一）项目时间

2018年10月25日-2019年4月18日

（二）志愿者工作及活动安排

1. 志愿者将被分配到泰国当地中、小学（以中学为主），担任学校的汉语课助教，辅助学校任课教师完成部分教学任务并组织学生开展与汉语文化相关的活动。

2. 志愿者工作时间为周一至周五，平均每周工作时间 20-25 小时。

3. 生活补贴：接待学校每月将根据当地生活水平，为志愿者发放相当于人民币 1000-1500 元不等的生活补贴。

（三） 培训安排

志愿者将于项目期间参加泰语语言培训课程及泰国文化培训，获得新的语言技能并深入了解当地文化。

（四） 食宿安排

1. 住家：志愿者入住经过严格筛选的当地接待家庭，与家庭成员一起日常起居；

2. 住校：志愿者入住接待学校提供的公寓，可在学校食堂用餐。

（五） 申请条件

1. 热爱祖国、遵纪守法，具有良好的思想品德和职业道德；

2. 身心健康，具有良好的心理素质和适应能力；

3. 年满 18 岁高校在校生，包括研究生；

4. 专业不限，对外汉语、英语或中文专业的学生优先考虑，志愿从事汉语国际推广工作

5. 拥有较强的生活自理能力、人际交往能力以及环境适应能力，具备个人奉献及团队合作精神。

（六） 项目费用

项目费用为 25,000 元，包括：

1. 国际医疗保险
2. 项目期间接待国食宿
3. Global Competence Certificate (GCC) 国际理解教育培训
4. 泰语及泰国文化培训
5. 项目期间管理支持
6. 全天 24 小时风险管理保障
7. 项目中期文化旅行

费用不包括：

1. 国际往返机票
2. 护照办理、签证申请等个人相关费用

二、选拔程序

(一) 提交申请材料

1. 申请表

志愿者按要求提交中、英文项目申请表格，所填信息应实事求是，内容充实。中文申请表学校意见栏由主管院系或学校国际交流合作处负责人签署意见，并加盖公章。

2. 英文个人陈述

主要阐述个人希望参加赴泰汉语国际志愿者项目的原因、个人优势及期待的收获等。

3. 英文个人简历

要求着重体现对外汉语教学或普通教学相关经历（如家教等）或参加过的其它国际文化交流活动。

（二）面试选拔

申请参加项目的志愿者人选在申请材料审核通过后，将按要求参加面试，具体安排将另行通知。

（三）报名截止时间

2018年5月31日（星期四）

请各单位在报名截止时间前将申请人材料以电子邮件形式报送至我会项目邮箱 afs_18plus@126.com 中。

联系人：孙馨、胡倩

电话：010-66416582 转 808、820

传真：010-66414056

附件：1. AFS 国际文化交流项目简介

2. 项目中文申请表

3. 项目英文申请表

中国教育国际交流协会秘书处

中外师生交流项目办公室

二〇一八年四月二十三日



附件 1

AFS 国际文化交流项目简介

AFS 成立于 1914 年，总部设在美国纽约，是以各国中学生、大学生和教师的教育、文化交流为主体的国际文化交流项目。在一百年的历史里，AFS 以促进全球对话、推动世界和平、培养具有国际视野和跨文化交流能力的未来领袖为主旨，以住家和学校交流为主要交流方式，在全球拥有 59 个伙伴组织，超过 2,300 个双边国际交流项目，在 110 个国家和地区开展，项目总人数累计超过 460,000 人，为当今世界培养了一批批杰出的青年人。

1981 年，教育部与 AFS 开展合作，并委托中国教育国际交流协会负责执行 AFS 国际文化交流项目。在 34 年的时间里，我会在全球与近 40 个国家和地区的伙伴组织、在中国国内与 20 多个省市教育单位及上百所中学、大学合作开展 AFS 项目，项目人数总计超过 5,000 人。

AFS 国际文化交流项目主要选拔优秀中学生、大学生以及教师赴国外参加为期一学年、一学期或者短期的国际教育、文化交流。被 AFS 录取的学生会在每年秋/春季抵达国外，根据不同的项目安排，入住当地志愿者接待家庭，就读于当地中学（中学生）、在当地中小学担任汉语语言助教或不同领域的专业机构进行志愿者服务（大学生），同时与当地学生以及来自世界其他国家和地区的 AFS 国际学生一起学习语言、文化和基本课程，并参加各种 AFS、学校以及接待家庭组织的活动，在项目过程中锻炼自己的独立以及适应新环境的能力。成功完成 AFS 项目的学生会通过这段经历形成更加良好、完善的世界观，扩展自己的国际视野，为以后的学业和职业发展打下良好的基础。



赴泰国汉语国际志愿者中文申请表

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				
学 校						
专业						
联系电话						
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	
家庭电话	区号 ()		电子邮件		@	
护照号码			护照有效期			
父亲姓名			年龄		职业	
工作单位						
联系电话	区号 ()		手机			
传 真			电子邮件			
母亲姓名			年龄		职业	
工作单位						
联系电话	区号 ()		手机			
传 真						
紧急联络人		关系				
联系电话	区号 ()		手机			
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		

对外汉语教学 或国际文化交 流经历	
兴趣爱好 及课余安排	
奖惩情况	
申请人	<p>我保证以上内容均属实。</p> <p>签字： 年 月 日</p>
派出学校意见	<p>签字： 年 月 日（盖章）</p>

中国教育国际交流协会中外师生交流项目办公室制

**Intercultural
Programs
China**



Candidate Application

ATTACH PHOTO HERE

(Ms.)(Mr.) First name	Middle name	Last name	Birthdate: day/month(spell word)/year
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Home city	Home state/province	Home country	AFS sending organization
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For office use only

AFS ID#	Program applying for
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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. _____



2 Placement Information

FOR OFFICE USE

AFS ID#

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 every-day 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. _____



3b Health Certificate

FOR OFFICE USE

AFS ID#

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: _____



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. _____

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. _____

Continued



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. _____



CS5 Confidential Placement Summary

PL ID#

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. _____



Self Permission Form

PL ID#

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