Unitarian Universalist Youth Exchange Program

Section A: Personal Information

Smile!

Provide a recent, good-quality color photo of yourself (head and shoulders). Make sure your entire head is fully visible. Do not include other people or props in the photo.

CLICK HERE TO INSERT THE PHOTO digitally into the document.

Size: 2 x 2½ in. (5 x 6.5 cm)

(Works best with **Acrobat Reader** or with **Adobe Acrobat**)

1. APPLICANT INFORMATION

Full Legal Name as on passport or birth certificate *(use uppercase for your FAMILY name; e.g. John David SMITH)*		Name You Wish to be Called		☐ Male ☐ Female ☐ Non-Binary
Home Address – Street	City	State/Province	Postal Code	Country
Postal Address *(if different)* - Street	City	State/Province	Postal Code	Country
E-mail Address			Mobile Phone Number	
Place of Birth *(City, State/Province, Country)*	Citizen of *(Country)*		Date of Birth *(YYYY-MM-DD)*	

2. PARENT/LEGAL GUARDIAN IINFORMATION

Full Name of Parent/Legal Guardian #1			Full Name of Parent/Legal Guardian #2		
Address – Street	City		Address – Street	City	
State/Province	Postal Code	Country	State/Province	Postal Code	Country
Email-Address			Email-Address		
Occupation			Occupation		
Home Phone Number	Mobile Phone Number		Home Phone Number	Mobile Phone Number	
Business Phone Number			Business Phone Number		

In the event of an emergency, which parent or legal guardian should be contacted first (you must select one)?

☐ Parent/Legal Guardian #1 ☐ Parent/Legal Guardian #2

☐ Mark this box if your parents are divorced or separated.

Authorizations must be obtained from all parents/legal guardians and others who have legal rights to decisions affecting the student's participation. Explanation is required if signatures of two parents or legal guardians are not provided.

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3. SPONSOR CONGREGATION

Sponsor Congregation Name	Name of Congregation Leader	His/Her E-mail Address
Congregation Website	Congregation Address and Phone	

4. PERSONAL BACKGROUND

Religion (Identify by name or "None")	Dietary Restrictions *(Enter "None", or explain with details – e.g., vegetarian, vegan, allergic to…)*
Do you smoke or use tobacco products? ☐ Yes ☐ No	If yes, please explain.
Do you drink alcohol? ☐ Yes ☐ No	If yes, please explain.
Have you ever used illegal drugs? ☐ Yes ☐ No	If yes, please explain.
Answering yes to these questions will not automatically eliminate you as a candidate; however, it may require special consideration of host family or country assignments.	

5. ALL SIBLINGS (PLUS ANY OTHER FAMILY MEMBERS LIVING IN YOUR HOME)

Relationship examples: "brother" "step-sister" "grandmother" "step-father" "foster brother" "niece" "cousin" etc.

Name	Relationship	Age	Occupation or School Grade/Level	Living in your Home?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Applicant Name: _____

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6. LANGUAGES

Your Native Language(s)		Proficiency in Non-Native Language(s) *(indicate Poor, Fair, Good, or Fluent)*		
Non-Native Language(s) *If you have received a foreign language certificate (e.g. DELF, DELE etc.), please add a copy to this application form*	**Years Studied**	**Speaking**	**Reading**	**Writing**

7. EXCHANGES AND PREFERED EXCHANGE DATES

Have you previously participated in any exchange? ☐ No ☐ Yes *if yes, please explain in your student letter*			
Preferred Two Week Exchange Periods	1st Choice	2nd Choice	3rd Choice

8. SCHOOL INFORMATION

Name of You Currently Attend		School Phone Number	School Email	
Address – Street	City	State/Province	Postal Code	Country
Maximum grade level in secondary schools	Your current grade level *(e.g., 10th, 11th)*	Month and year you expect to graduate	No. of years you've attended this school	
List the courses you are currently taking				
Consult with a school official or guidance counselor to find out the following information:				
Total number of students at your school	Number of students in your grade level	Your approx. class ranking *(e.g., top 10%, 12th of 56)*		

9. AT-A-GLANCE HEALTH SURVEY: In order to make your homestay more enjoyable for you and your host family, please answer the following questions. Be as specific as possible. *(If you need more room, please attach another sheet of paper.)*

ALLERGIES: List ALL non-food allergies: _____

DIET: 1. List all food allergies (shellfish, peanuts, etc.): _____

2. Are you a vegetarian? ☐ Yes ☐ No If YES, please list what you CANNOT eat:

_____

3. Please list all other special dietary needs & restrictions:

_____

SMOKING:

- ❑ 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.

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ANIMALS:

❑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, I may be placed with them:

_____

❑I am strongly allergic to the following animals & cannot be placed with them in the home:

_____

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

_____

OTHER HEALTH CONCERNS:

Do you have any specific physical/mental condition of which your host family should be made aware?
❑ Yes ❑ No List: _____

Are you taking any medications? ❑ Yes ❑ No List All: _____

_____

Are there any physical activities you are restricted from doing? ❑ Yes ❑ No _____

_____

Height: _____feet _____inches Weight: _____lbs.

10. INTRODUCTION TO YOUR HOST FAMILY:

What activities do you enjoy? (check as many as apply to questions below)

❑ studying ❑ shopping ❑ hiking ❑ camping ❑ nature/outdoors ❑ movies ❑ swimming ❑ cooking
❑ handicrafts ❑ museums ❑ listening to music ❑ gardening ❑ bicycling ❑ painting/drawing ❑boating
❑ reading ❑ writing ❑ dancing ❑ singing ❑ TV ❑ computers ❑ video games
❑ sports(types:_____)
❑ musical instruments (types:_____) ❑ Animals (types:_____)
❑ other activities: _____

Your personality characteristics:
❑ tidy ❑curious ❑shy ❑emotional ❑cheerful ❑quiet ❑patient ❑talkative ❑humorous/funny
❑ sociable ❑tolerant ❑serious ❑other: _____

What do you usually do in your free time?
❑movies ❑museums ❑reading ❑studying ❑shopping ❑sports events ❑other: _____

What type of TV programs do you enjoy watching?
❑educational ❑adventure ❑game shows ❑musicals ❑comedies ❑drama ❑movies ❑sports
❑news

What kind of books do you enjoy reading?
❑science fiction ❑classics ❑non-fiction ❑mysteries ❑poetry ❑humor ❑fiction ❑anime ❑other

What type of music do you enjoy?
❑classical ❑disco ❑show-tunes ❑popular ❑folk ❑country & western ❑jazz ❑rock ❑rap/hip-hop

What qualities do you value most in people?
❑loyalty ❑kindness ❑patience ❑intelligence ❑sense of humor ❑decisiveness ❑politeness
❑honesty sociability ❑ generosity ❑ curiosity ❑ hard-working

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Please list some of your hobbies and interests to share in host country:

_____

_____

Please list some things about the hosting country and its culture that you find interesting:

_____

_____

_____

11. SPECIAL STUDY INTEREST

While abroad, you should focus on a specific area of interest for reporting back to your UU Fellowship. Please describe an area of interest on which you will study (e.g. economics, politics, environment, customs, arts, architecture, holidays, foods particular to the country, educational systems, youth organizations, etc.) How will your learn about your country and topic before the trip?

_____

_____

_____

12. ALTERNATIVE EMERGENCY CONTACT IN HOME COUNTRY, OTHER THAN A PARENT/GUARDIAN

Name			Relationship		
Home Address – Street	City		State/Province	Postal Code	Country
E-mail Address	Home Phone Number	Business Phone Number		Mobile Phone Number	

13. REQUIRED ESAY

REQUIRED ESSAY

Below submit a typed essay (1 page) that answers the following questions:

1. Introduce yourself & your family.
2. What are your expectations for this exchange?
3. Why do you want to participate?

14. SIGNATURE

e-signature (applicant)(or ink on paper)	**Mobile Phone Number**	**Date (YYYY-MM-DD)**

Return Application to: **shahan@uuwyn.org or**
Mail/Courier to: **UUWYN Inc.**
50 Bloomfield Avenue
Hartford, CT 06105
USA