



• CULTURAL HOMESTAY INTERNATIONAL •

A NON-PROFIT EDUCATIONAL EXCHANGE PROGRAM

CHI English Conversation Volunteers Abroad. 104 Butterfield Road, San Anselmo CA 94960

English Conversation Volunteer Candidate Application

"Opening Homes to the World since 1980"

Dear English Conversation Volunteer Applicant,

Thank you for your interest and enthusiasm in applying for CHI's English Conversation Volunteers Abroad Program (ECVA). Fun, adventure, and personal growth await you through this program. At the same time, there are very important responsibilities expected of you as an English Conversation Volunteer (ECV). The Promise and Agreement form outlines, in detail, the rules, conditions and expectations of the program. It is your responsibility to understand completely your role as an ECV, as well as an Exchange Visitor in another country. Before submitting the application, we encourage you to ask questions if information is not clear or if you do not understand any program components.

Once CHI receives your application you will be notified by e-mail. Our overseas partner will then be given your information and begin the placement process. When CHI receives your host family placement information we will contact you and give you the details so you can make a connection with the host family. At that time the balance of your program fee will be due. Preferred method of payment is by credit card. Once the program fee is paid an acceptance packet will be sent to you and a pre-departure orientation scheduled. The orientation is usually by phone and takes an hour of your time.

Cancellation Policy: Once your application is processed and accepted, your commitment to the program is important. If you cancel for any reason other than a physician's order or a death in your immediate family there will be a \$300USD cancellation fee to cover our preliminary administrative costs. Your understanding is appreciated.

This application is a step toward demonstrating your responsibility to the potential host family. Your honest attention to all details and accuracy is of the utmost importance. Upon acceptance, all guidelines and rules will be adhered to. Once again, please be sure you are in agreement with the rules, terms and conditions before applying to this program.

Welcome, and let the journey begin...

ECV Applicant Name (print)

CHI code (office use only)

APPLICATION CHECKLIST

Submit these documents by mail to:

CHI English Conversation Volunteers Abroad, 104 Butterfield Road, San Anselmo CA 94960

- Application form - Please type or print neatly; use black ink
- \$100 deposit - Submit in the form of a check, money order or credit card.
- Promise & Agreement form - Be sure to thoroughly understand and read this document completely.
- Three Character References - Have two of your three references write letters on your behalf. Use the enclosed form for your third reference. Family members and relatives do not qualify as acceptable reference. Only one reference may be from a friend.
- Passport Photocopy.
- Letter of Introduction to the Host Family - PLEASE TYPE. Introduce yourself to the Host Family, and describe your hobbies, interests and why you want to be an English Conversation Volunteer (ECV).
- Photo Album - On a separate sheet, please affix four (4) personal photographs that best represent your personality. If you wish, include one photograph of family, friends, and/or your home community.
- Medical/Health Verification Form.



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GENERAL INFORMATION (name as it appears on your passport)

Last Name: _____
First Name: _____ Middle Name: _____
Age: _____ Male Female Date of Birth (mm/dd/yyyy): ____/____/____
Passport Number: _____ Passport Expiration: (mm/dd/yyyy): ____/____/____
Mailing address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: ____/____/____
Cell Phone: ____/____/____
Email: _____
How did you find out about the ECVA program? MonsterTrak Student Traveler Magazine Google GoAbroad
 School Newspaper: _____ Other: _____

EMERGENCY CONTACT

Last Name: _____ First Name: _____
Relationship: _____ Telephone Number: ____/____/____
Address: _____ City: _____ Country: _____
Alternate emergency telephone contact: ____/____/____

AVAILABILITY

Requested departure date: ____/____/____ Requested return date: ____/____/____
Program Length: 1 Month: _____ 2 Months: _____ 3 Months: _____
Note: I understand I may be given more than one family if I apply for a program over one month. Initial: _____

COUNTRY OF CHOICE

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____
Preferred Cities: _____
While we are happy to accept city requests, we cannot guarantee them.

BUDDY PROGRAM

Are you taking advantage of the Buddy Program? Yes No
Name: _____ Phone: _____

ADDITIONAL OPTIONS

- 1) I would be interested in providing paid public/private tutoring outside of my own host family.* Yes No
- 2) I would be interested in volunteering in local schools or universities giving conversational classes.* Yes No
- 3) I would be interested in receiving college credit for my volunteer work abroad. Yes No

*Note: We cannot guarantee any of these additional options but in some third world countries, they may be available.

EDUCATIONAL & PERSONAL BACKGROUND

- High School Attended

Name: _____ Date of Graduation: _____

- College/University Attended or Attending: Are you currently a student? Yes No

Name: _____ Major: _____

Year of Study: 1 2 3 4 5-6 Graduate

Languages spoken: _____

How many years of foreign language studies? _____ Verbal skills: Fair Good Fluent

AGE GROUP EXPERIENCE

ECV's should be willing to practice English conversation skills to any and all members of the host family.

Are you open to practicing conversation skills to all age groups? Yes No

If no, please explain: _____

Do you have any previous similar experience? Yes No

If yes, please explain: _____

What *experience* do you have with age groups (check all that apply)

- 2-5 years old 5-10 years old 10-14 years old Over 14 years old

Do you have a first aid certificate or special certification (e.g. lifeguard, teacher)? Yes No

If yes, describe: _____

EMPLOYMENT HISTORY

Give a brief summary of all the jobs that you have held with dates of employment and an explanation of duties:

1. Employer Name: _____ Dates of employment: _____

Address: _____ Telephone: _____

Position & Duties: _____ Supervisor's Name: _____

2. Employer Name: _____ Dates of employment: _____

Address: _____ Telephone: _____

Position & Duties: _____ Supervisor's Name: _____

FAMILY BACKGROUND

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Siblings and Ages: _____

Religious Affiliation (Optional): _____

Describe your relationship with your parents: _____

Describe your relationship with your siblings: _____

CHI Code: _____

QUESTIONNAIRE

Please answer the following questions honestly.

About yourself

1. Have you traveled outside the United States? Yes No
If yes, where, how long, purpose: _____
2. Have you lived away from home? Yes No If yes, how long: _____
3. Do you smoke? Yes No
If yes, you understand and agree to the Host Family's rule regarding smoking Yes No
4. Do you drink alcoholic beverages? Yes No
If yes, you understand and agree to the Host Family's rule regarding drinking Yes No
5. Do you have any fear of household pets? Yes No
If yes, please check: dog cat bird Other: _____
6. Do you have any allergies? Yes No
If yes, please describe: _____
7. Would you be willing to attend religious services with your host family? Yes No
8. Do you follow a special diet? Yes No
If yes, indicate: vegetarian Kosher Other: _____
9. What qualities do you value most in yourself? _____
10. What qualities do you value most in other people? _____

Your activities and hobbies

1. What do you usually do in your free time? _____
2. What activities/hobbies do you enjoy? _____
3. What sports, if any, do you enjoy? _____
4. What musical instrument, if any, do you play? _____
5. What kind of books do you enjoy reading? _____
6. What kind of music do you enjoy? _____
7. What kind of TV/movies do you enjoy? _____
8. Can you swim? Yes No Level: Beginner Intermediate Advanced
9. Describe other special talents, interests and honors: _____

Your reason for applying

1. What qualities will make you a good ECV: _____

2. What is your expectation of your Host Family and children? _____

3. What are your future goals when you return to your home country at the end of the ECVA program?



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CHI ECV Promise and Agreement

"Opening Homes to the World since 1980"

I, _____, as a participant of the CHI ECVA Exchange Visitor Program, agree to perform all of my duties under the terms and conditions set forth in this Promise and Agreement.

A. Core Values. I promise to:

1. Perform my responsibilities for my host family and their children in a conscientious and professional manner with respect, courtesy, safety and commitment, as well as abide by the host family's rules.
2. Act with a level of maturity which is respectful of my host family's values.
3. Avoid behavior which may reflect negatively on my host family or CHI.
4. Obey all U.S. and host country laws.
5. Actively participate in and contribute to the life of my host family with a positive attitude, including, but not limited to, joining in family meals, holidays, and other cultural and social activities as offered.
6. Cooperate fully with all representatives of the CHI ECVA program and understand if any dispute arises relative to program requirements, CHI and its partnering organization shall resolve said dispute, and its decision shall be final.
7. Participate in this Exchange Visitor Program with the intent to further my personal, educational and cultural enrichment.
8. Fulfill my agreement with my host family, CHI, and their in-country partner, to stay the entire length of the program as agreed upon before my departure from my home country. I promise not to leave the program early, but to leave the host family home on the departure date set forth before my arrival at my host family's home, unless all parties agree that I may leave earlier. I understand that if I am unhappy in my first host family's home, I am not to depart the program, but to notify CHI's in-country partner so they may work on my behalf to solve any problems or find me a second host family.
9. I promise not to ask my host family to host me past my pre-determined departure date. I understand that if I decide to stay in the country past my predetermined departure date, CHI, the in-country partner, and my host family will be released from any involvement in my stay. The date of this release of responsibility will be the predetermined departure date as agreed upon before my departure from my home country.

B. Prohibited Activities. During my participation in the CHI ECVA program, I will not under any circumstances:

1. Ask to borrow money from my host family or accept any offer from them to lend money to me.
2. Use illegal drugs or engage in the excessive use of alcohol.
3. Consume alcoholic beverages if I am under the legal drinking age.
4. Smoke in the host family home without permission.
5. Violate the terms jointly established in the Host Family/ECVA Agreement.
6. Engage in any form of sexual misconduct.

C. Terms and Conditions. I accept the terms of my ECVA responsibilities to:

1. Practice conversational English with my host family:
 - a. Up to 15 hours per week
 - b. 5-6 days a week
 - c. Schedule to be determined by the host family's needs.
2. This is a volunteer position, and I will not receive payment for my services.
3. Conversational English practice session duties may include, but are not limited to, playing games, helping children with their homework, outside activities. Host family may provide additional practice materials or make requests.

CHI Code: _____

4. Contact CHI's in-country partner organization regarding difficulties within the host family.
5. Ensure, in the event there is a baby less than three months old living in the home, a parent or other responsible adult shall be present in the home at all times, and that I shall not be the sole caregiver for that child at any time.
6. Communicate in advance with the host family regarding scheduling free time off.
7. Agree to promptly reimburse the host family for any and all personal expenses, incurred by me, including but not limited to, telephone bills, automobile expenses, travel expenses, etc.
8. Agree not to enter into any kind of contractual agreement, such as employment, marital or religious, during my visit in my host country.

D. Financial. I understand and accept the following conditions:

1. A deposit is due upon submission of the application.
2. The program fee is due when the ECV is notified of their host family placement.
3. The deposit is non refundable.
5. No refunds will be issued for early departure, dismissal and/or any violation of program regulations, local, state and federal laws.
6. Cancellation Policy: Once your application has been processed and accepted, your commitment to the program is important. If you cancel for any reason other than a physician's order or a death in your immediate family there will be a \$300USD cancellation fee to cover our preliminary administrative costs. Your understanding is appreciated.

E. Transportation. I understand and accept the following conditions:

1. The ECV is responsible for arranging and paying for domestic and international travel, and will communicate travel arrangements to CHI and the host family.
 - I understand I am responsible for purchasing my own airline ticket.*
2. The ECV is responsible for communicating with the host family and CHI regarding arrival and departure. All transportation costs are the responsibility of the ECV.
3. Transportation to and from the airport may or may not be available. Inquire about specifics pertinent to your choice of country.

F. Medical Insurance. I understand and accept the following conditions:

1. The ECV must have medical insurance with abroad coverage before departure.
 - I have my own insurance and can provide proof of it.*
 - I need CHI to provide me with insurance during my travel period.*
2. CHI will not be liable for any health or accident costs incurred by the ECV.

G. Travel Visa. I understand and accept the following conditions:

1. Some countries may require the ECV to obtain a travel visa.
2. It is the ECV's responsibility to apply and pay for any necessary visa.
3. CHI will provide the ECV with additional documentation upon request.

H. Program Bonus:

1. Buddy Bonus—Apply to our program with one or more friends and everyone who is accepted will receive \$50 off their program fee.
 - a. You must indicate the name of your buddy on the first page of your application.
 - b. Once all program fees have been paid by you and your buddy, you will each be given a \$50 refund.
 - c. You and your buddy do not need to travel to the same country, but you must depart within three months of one another.
2. Past Participation Referral Bonus - If you refer a friend to our ECVA program and their application is approved, you will receive a \$50 referral bonus.
 - a. You are eligible for this referral bonus only after you've completed your ECVA program.

I. Grievance Procedure and Resolution. *Should significant problems occur, including but not limited to my health, safety or welfare and/or adjustment to the family, culture and language, I understand the following actions will take place and my responsibilities in such situations:*

1. The ECV is to initially communicate and problem-solve by working toward a solution with the host family.
2. If the problem persists, the ECV must notify CHI's partner organization of the situation. They will intervene and attempt to resolve the problem.
3. There must be a good faith effort on the part of the ECV to make the initial placement work before any placement changes will be considered; further, any decision regarding a placement change is at CHI's partners discretion.
4. If the ECV does not make a good faith effort to resolve the problems or misunderstandings, or if the ECV violates any terms of this Agreement, CHI and its partner may in its sole discretion terminate the ECV's participation in the program immediately.
5. If the ECV does not successfully complete the agreed upon program length, the ECV is responsible for their living accommodations and travel expenses.
6. If the ECV's first placement is not successful, and CHI's partner determines and approves that the ECV shall be placed in a new family, the ECV agrees to cooperate with CHI's partner during the entire re-matching process. While CHI's partner is finding a replacement family the ECV may be required to stay in local youth hotel at their own expense.

J. Medical Liability Release

I agree that CHI's partner, or its agents, can take any action whatsoever in regards to my health and safety without incurring any liability or expense. This may include, but is not limited to, my placement in a hospital, use of doctor/clinical services, and transportation to my home country at my expense.

K. Liability Release Agreement

In consideration of being accepted by the CHI ECVA program, I hereby release, forever discharge and agree to hold harmless, Cultural Homestay International (CHI), its overseas Partner organizations and/or affiliates thereof from any and all liability claims or demands for personal injury, sickness or death, as well as property damage and expense of any nature whatsoever which may be incurred by me that may occur during participation in the CHI ECVA program. I understand that by signing this Release, I fully and completely waive and relinquish all claims I may have against CHI, its employees, Partner organizations and affiliates thereof, and release them from any liability they may otherwise have toward me whether known to me or not.

L. Acknowledgement of Program Rules, Terms and Conditions

I declare that all information contained in this application packet is true and accurate. I have read this entire Agreement carefully, and I have had the opportunity to ask questions, obtain advice as to its meaning and understand it. I agree that I will perform my duties and responsibilities to the best of my ability. I understand that my CHI ECVA program terminates per the date indicated on my application. I agree to comply and abide by the rules, terms and conditions of this Agreement. I have retained a copy of this Agreement for my files and reference.

M. In the event CHI or I wish to file suit over any matter arising from the ECVA Program, CHI and I agree that any lawsuit must be brought in the courts of Marin County, California, where CHI is headquartered, and the laws of California shall apply.

ECVA Signature Date: _____

ECVA (print)

CHI Representative Date: _____

ECV CHARACTER REFERENCE



Please mail this form to CHI English Conversation Volunteers Abroad at 104 Butterfield Road, San Anselmo, CA 94960 or return it to the ECVA applicant. If you have any additional comments, questions or concerns feel free to contact us at 1-800-395-2726. You may also e-mail it to chimaryd@chinet.org.

Applicant's Name: _____

What is your connection with the applicant? _____

How long have you known the applicant? _____

PLEASE CHECK AND RANK THE APPLICABLE ITEMS BELOW RELATIVE TO YOUR KNOWLEDGE ABOUT THE APPLICANT:

	Superior	Excellent	Good	Fair	Low
Responsibility	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Maturity	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Communication skills	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Honesty	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Adaptability	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Work Habits	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Ability to cope with stress	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Ability to handle emergencies	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Interaction with co-workers/children	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Leadership ability	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Enthusiasm/Humor	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Please describe the applicants ability to relate to individuals from varying ages and backgrounds: _____

Are you aware of any circumstances in the applicant's background which would cause concern? _____

Please explain why the applicant is well-suited for the role of an English Conversation Volunteer: _____

Name of individual giving reference: _____

Relationship to Applicant: _____ Company/Institution: _____

Address: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

CHI Code: _____



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English Conversation Volunteer's Statement of Health

"Opening Homes to the World since 1980"

Directions: Consult with your physician for accurate information.

Name of applicant: _____ Date of Birth (mm/dd/yyyy) ____/____/____

Gender of applicant: Male Female

HEALTH INSURANCE

Do you have health insurance? Yes No Will your insurance cover you while abroad? Yes No

Carrier Name: _____ ID or Group #: _____

Have you had any of the following? If yes, give date of illness and detailed information regarding any impairment in the space provided below.

	Yes	No		Yes	No
Chicken pox _____	<input type="checkbox"/>	<input type="checkbox"/>	Asthma* _____	<input type="checkbox"/>	<input type="checkbox"/>
Measles _____	<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis _____	<input type="checkbox"/>	<input type="checkbox"/>
Mumps _____	<input type="checkbox"/>	<input type="checkbox"/>	Cough (persistent, recurring) _____	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever _____	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Mellitus _____	<input type="checkbox"/>	<input type="checkbox"/>
Rubella _____	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid abnormality (Struma) _____	<input type="checkbox"/>	<input type="checkbox"/>
Scarlet Fever _____	<input type="checkbox"/>	<input type="checkbox"/>	Headache (persistent, recurring) _____	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis _____	<input type="checkbox"/>	<input type="checkbox"/>	Hernia _____	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder _____	<input type="checkbox"/>	<input type="checkbox"/>	Learning or Speech Defect _____	<input type="checkbox"/>	<input type="checkbox"/>
Sleepwalking _____	<input type="checkbox"/>	<input type="checkbox"/>	Vertigo, Dizziness _____	<input type="checkbox"/>	<input type="checkbox"/>
Allergies* _____	<input type="checkbox"/>	<input type="checkbox"/>	Other (please indicate) _____	<input type="checkbox"/>	<input type="checkbox"/>

* If yes, please describe the allergy, allergen, medication sensitivity, symptoms, treatment, medications and expected future treatment.

Any disease, impairment or abnormality of any of the following:

Will you be using any prescription drugs / medication while abroad?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you ever been hospitalized?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you ever consulted a neurologist?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you ever consulted any other kind of specialist ?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you ever been diagnosed for, or taken medication for, depression, anxiety, ADHD or like condition?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, to any of the above, please describe:		

Applicant's Signature: _____ Date: _____