

Jan's International Association, Inc. (NPO)

A California Non-Profit Public Benefit Corporation – 501c3

MEMBER: Soroptimist International

www.jia.org

1) PERSONAL INFORMATION

Name _____ M ___ F ___

Date of Birth _____ Present Age _____

Home Address _____

_____ Zip Code _____

Mailing Address (if different) _____

TEL _____ FAX _____ E-MAIL _____

PERSONAL WEBSITE _____

Please
Attach
PHOTO

MY OCCUPATION (Students, please list parents' occupations)

MOTHER

Business Name _____

Business Address _____

TEL _____ FAX _____ E-MAIL _____

BUSINESS WEBSITE _____

FATHER

Business Name _____

Business Address _____

TEL _____ FAX _____ E-MAIL _____

BUSINESS WEBSITE _____

FAMILY MEMBERS

Names

Ages

Relationship

Name _____
Data Cert., p-2

2) IMPORTANT MEDICAL INFORMATION

My Primary Physician's emergency contact information:

Name _____

Address _____

TEL _____ **FAX** _____ **EMAIL** _____

List the Date of Your Last Complete Physical Examination: _____

Are you allergic to any of the following?

A FOODS yes ___ no ___

C ANIMALS yes ___ no ___

B DRUGS yes ___ no ___

D INSECT STINGS yes ___ no ___

If you answered "Yes" to any of the above, please explain in detail: _____

Please list ALL medications you are presently taking and for what purpose: _____

3) OTHER

Do you know how to swim well? yes ___ no ___

Do you wear glasses or contact lenses? yes ___ no ___

Do you use tobacco? yes ___ no ___

Do you use alcohol? yes ___ no ___

Do you like household pets: dogs, cats, etc.? yes ___ no ___

I have these animals in my home: _____

Please list any foods/beverages you do not like, or are allergic to: _____

Please list your favorite foods: _____

6) SOCIAL INVOLVEMENT

I belong to these organizations and clubs: _____

I am a Volunteer for these activities: _____

I play these musical instruments: _____

My Hobbies are: _____

How do you usually use your weekends & free time? _____

MANY HOST FAMILIES ATTEND CHURCH ON A REGULAR BASIS. FOREIGNERS OFTEN DISCOVER THAT GOING WITH THE FAMILY HELPS THEM TO QUICKLY MAKE FRIENDS. ARE YOU WILLING TO ATTEND CHURCH WITH YOUR FAMILY?

yes ____ no ____ only on special holidays ____ only for social outings ____

PLEASE NOTE: My programs are non-denominational; it is against my association's policy to force a program participant to attend church with his/her host family. Church attendance, however, can be a further opportunity to study cultural differences. Alumni constantly report to me that this social involvement helped them enlarge their circle of American friends. But the decision to attend church is entirely the student's. Host families are advised of your preference prior to agreeing to accept you into their homes.

Name _____
Data Cert., p-5

7) APPLICANT'S STATEMENT OF PURPOSE / GOALS

Why I wish to go abroad and participate on this program:

During Homestay, I am most interested in seeing and doing the following, but I also understand that it may not be possible for me to participate in all that I request:

We, the undersigned, do hereby declare that the above DATA CERTIFICATION is true, to the best of our knowledge.

Signature of Program Applicant

Date

Signature & Seal of Parent

Date

Signature & Seal of Parent

Date

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