

**MARYLAND 4-H INTERNATIONAL
EXPERIENCE TO TANZANIA AFRICA**

FULL LEGAL NAME: _____
Exactly as printed in passport (First) (Middle) (Last)

Name you prefer to be called: _____

Gender: _____ Grade: _____ Age: _____ Birth Date: _____ T-shirt Size: _____
(M/D/YY)

HOME ADDRESS:

Mailing Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone: () _____

Applicant's Cell Phone: () _____ Email: _____

PARENT / GUARDIAN:

Parent/Guardian #1 Name: _____ **Occupation:** _____

Cell Phone: () _____ Home Phone: () _____ Work Phone: () _____

E-Mail: _____ Fax: _____

Parent/Guardian #2 Name: _____ **Occupation:** _____

Cell Phone: () _____ Home Phone: () _____ Work Phone: () _____

E-Mail: _____ Fax: _____

Name and Age of Sister(s): _____

Name and Age of Brother(s): _____

EMERGENCY CONTACT

Name: _____ Relationship: _____

Cell Phone: () _____ Home Phone: () _____ Work Phone: () _____

FAMILY INSURANCE CARRIER: _____ ID#: _____ Group #: _____
(Participants are responsible for expenses beyond the coverage of the exchange program's insurance policy.)

LANGUAGE ABILITY (Other than English). *Please indicate: Excellent - Good - Fair - Poor - None.*

Language	Reading	Writing	Speaking	Comprehension	Years Studied

TRAVEL:

1. Have you flown domestically before? Yes No Internationally? Yes No
2. Do you have a current passport? Yes No Expiration Date: _____
Passport Number: _____

TRAVEL EXPERIENCE OUTSIDE THE U.S.

Country	Length of Stay	Dates/Year	Purpose (tourist, study, etc.)

AT-A-GLANCE HEALTH SURVEY:

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:

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.

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

What qualities do you value most in people?

loyalty kindness patience intelligence sense of humor decisiveness politeness honesty
sociability generosity curiosity hard-working

Please list some of your hobbies & interests:

Please list some things about Africa and its culture that you find interesting:

REFERENCES:

Name: _____ Position-Title/Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Name: _____ Position-Title/Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

REQUIRED ESSAY

On a separate sheet of paper, submit a typed essay (1 page) that answers the following questions:

1. What are your expectations for this experience?
2. Why do you want to participate?

I CERTIFY that all information on this application is true and complete to the best of my knowledge. I understand the purposes and objectives of the experience and agree to participate within the framework of the program.

Applicant's Signature _____

Date _____

Parent or Legal Guardian (If applicant is under 18) _____

Date _____

County Educator _____

Date _____

*Attach at least one photo of yourself to this page, or
email a photo to your 4-H Coordinator.*