



SUMMER STUDENT EXCHANGE PROGRAM

Stay with Host Family 3-4 Weeks in a Sister City
And host visiting student for 3-4 weeks here

Sponsor: Bellevue Sister City Association (BSCA)
(40+ years of student exchanges)

Priority given to sophomores and juniors in Eastside high schools

SUBMIT BY March 16, 2012

How it works: Students are selected in both Bellevue (Eastside) and our Sister Cities for this mutual exchange. You and your family will host the student from our Sister City whose family in return will host you in their city. Your family's cost: Half (but no more than \$500) of your airfare (financial aid available), the cost of having an extra family member for 3 to 4 weeks, and your spending money during your visit.

What's in it for you? Great cross-cultural experience. Exposure to other languages. A broadened cultural perspective. Possible lasting ties with your host family. Excellent resume material.

BSCA sponsors summer exchanges with all its sister cities: Yao (Japan), Hualien (Taiwan), Kladno (Czech Republic) and Liepaja (Latvia). Application forms can be found on the BSCA website: <http://www.bellevuesistercities.org/> or call or e-mail the contact below:

More information: Contact:

Hugh Burleson, BSCA e-mail: hughburleson@comcast.net Phone: 425-746-9675

This packet contains:

- Introduction to BSCA Summer Student Exchange Program
- General Information for Parent(s)/Guardian(s)
- Youth Exchange Application (3 Pages) – submit with references, picture and your write-up
- Basic Policies for Exchange Students
- Waiver of Responsibility
- Emergency Information Form – required after family interview
- Physicians Report (to be completed by your physician) – required after family interview

INTRODUCTION

Bellevue Sister Cities Association And Sister-City Committees

Sister City programs originated in the U.S.A. with President Eisenhower's people-to-people initiative in the mid-1950's with the goal of helping restore grass-roots ties among peoples that had broken during World War II. With advice & guidance from Sister Cities International in Washington, D.C., over 1000 U.S. states, cities and towns now have sister affiliates in 113 nations, providing a stable base of grass-roots friendship and understanding in an often turbulent, fast-changing world. The non-governmental, non-profit Bellevue Sister Cities Association (BSCA) mobilizes the efforts of Eastside volunteers who join in promoting ties with our several sister cities.

The Bellevue affiliation with Yao (in Osaka) was formalized in 1969 by resolutions of both cities' City Councils. A Bellevue affiliation with Hualien, Taiwan began in the 1980s. We acquired the sister cities of Kladno (The Czech Republic) and Liepaja (Latvia) after the Cold War's end. Bellevue mayors have traditionally been *ex officio* BSCA members, and membership includes some City staff members who are personally active, helping to broaden the BSCA base in Eastside communities.

In recent years, these ties have led to Yao citizens participating in the Aki Matsuri (Japanese Fall Festival) at Bellevue Community College, to much needed medical supplies going to Liepaja, to visits by teachers of students with special needs and even to sister-city gardens being created in some cities. Exchanges of delegations and City Staff exchanges are a regular feature of these ties. Bellevue's 50th Anniversary celebrations in 2003 also emphasized its sister-city ties. This activity is mainly funded by member dues and fund-raising efforts.

BSCA promotes the student exchanges as one major means for advancing our ties with each affiliated city. Since their beginning with Yao in 1977, such exchanges have helped Eastside students gain a global perspective, improve their understanding of other cultures and often make career-shaping choices about their higher education. They can also create lasting bonds between exchange students and their host families. BSCA encourages our host families to become BSCA members, but this is not a condition to a student's acceptance for the exchange program.

Exchange Student Application Packet BSCA SUMMER STUDENT EXCHANGE

General Information for Parents/Guardians

1. **Timing:** After you and your student have applied for this year's BSCA summer exchange, you may expect one or more BSCA members to contact you after to arrange a home interview with you and your student. We will inform you if we have selected your student for the program shortly after the deadline date.

2. **Costs:** BSCA pays $\frac{1}{2}$ or more of the round-trip airfare between SeaTac and the receiving sister city. There the host family will take the student in as a guest. Your student will need some spending money while abroad. The relevant sister-city committee can advise you the amount usually adequate. When your visiting student arrives, you will likewise host him/her as a guest in until their return home. You should expect to cover such costs as movie tickets, ferry charges or the like. In the past costly overseas phone calls were a problem, but these days e-mail and internet communication provides an inexpensive alternative.

3. **Travel:** If you and/or your student have traveled overseas by air recently, you know that long air travel can be stressful, can aggravate respiratory problems, etc. Generally, the sister city committee selecting your student for this program can advise you on such problems and how to deal with them. BSCA members usually join you at SeaTac to greet visiting students, to send students off, greet students on return and help with any problems.

4. **Passport/Visa:** The committee will also advise you if a visa is required. Your student must have a passport valid for at least 6 months beyond travel dates abroad. You should expect the processing for a new passport to take 6-8 weeks.

5. **Safety:** Past experience has demonstrated that the general security/safety situation in our sister cities is better than in our country. Our exchange students in the past have found it safe and convenient to travel by public transportation when they follow the advice of their hosts.

6. **Being hosted abroad:** Your student's host family will treat them as a guest, but we urge that our students volunteer to help with household chores, at least by keeping their assigned living space neat and clean. The orientation your student will receive prior to departing is an opportunity to get answers and guidance that will help better understand the local customs. Students commonly take a gift for their host parents. In some countries (especially Japan) gift giving is more customary.

7. **Hosting here:** Your main responsibility in the exchange program begins when the foreign student arrives. We generally advise that you not plan very special trips or other activities for your summer son or daughter, but have the student join you and your family in activities you would normally do together during the summer. If that includes a trip, fine. Most important is that the student be able to experience normal life in this country. (If you like to fish, hike, bicycle, etc. invite your student to join in, too.) The student's top priority will be learning about the real America and perhaps improving their English. The student will be pleased if you show real interest in their culture and cuisine. Your own student, communicating with his/her

counterpart while in the Sister City, will get a feel for what the family can best do with and for them. Tact in ascertaining the student's preferred activity is essential, even while you avoid pressuring to do something or go somewhere. This is especially important with Japanese students, whose culture trains them to give answers you would seem to prefer.

8. **BSCA backup:** BSCA members are a resource to help you with problems that may arise during the exchange, either abroad or here. Sometimes a BSCA member can take your student for a day or so if you have plans that must exclude the student. Generally, we can do so with only a day or two advance notice. If another local host family lives close by, they may arrange to take the other students for a day if necessary. In the past, students have also made plans to do some activities together – such as a visit to the EMP Museum.

9. **Special problems:** If your student normally works at a paying job in the summer, that can raise problems, especially if a parent cannot be with your visiting student during such times. Please consult with the BSCA representative if you foresee such a situation arising. That will help us determine early on if there is a reasonable solution to a potential problem. Japanese students usually have assigned summer homework and will need time to do that. At the outset, you should make clear your expectations about such things as his/her phoning or e-mailing home—just as presumably you would when your student is overseas. Clear rules and guidance can avert awkward situations later.

10. **Insurance:** On a separate form we discuss the student's insurance coverage. Keep in mind that medical costs generally are significantly higher here than in most other countries, so that a visiting student needs to be aware of that when seeking medical attention here. We will ask you to provide proof of the required insurance for your own student.

While we do not require families of students selected for this exchange to become members of BSCA, we are most appreciative if you decide to do so. Our membership meetings are open to the public, and once selected you will receive our bimonthly newsletter – the summer issue usually features our student exchange activities.

We hold a summer picnic at the Bellevue Botanical Garden and do expect our exchange students and family to participate if they are in town. Our September meeting (second Tuesday evening) usually features the returning students, and we ask that they try to work their schedules so that they can participate telling us about the highlights of their experience.

Finally, our host families' general experience has been that the visiting students are a real delight and the whole experience is richly rewarding culturally and personally.

YOUTH EXCHANGE APPLICATION BELLEVUE'S SISTER CITY STUDENT EXCHANGE PROGRAM

Name _____ Birth date _____

Gender : Male Female

Address _____ City _____ State _____ ZIP _____

Cell phone/ Home phone _____ E-mail _____

School _____ Grade _____

Family info

Father _____ Occupation _____

Mother _____ Occupation _____

Siblings (ages) _____

Your foreign language experience _____

The "other half" of the exchange program requires your family to host a visiting exchange student in your home during the summer for several weeks. What activities would you likely do together during thattime? _____

Your hobbies/interests/activities (school and community)

List any special interests, talents, or skills not described above. _____

Do you play a musical instrument, and if so what kind of instrument? _____

Do you have a part-time job? If so, please describe. _____

Your academic/vocational goals _____

Continued Youth Exchange Application – p.2

Have you ever visited or lived in another country? If so, please explain. _____

If you are selected, you will spend weeks in a very different environment where customs and the weather are quite different, the local people may speak little English and the food is not what you are accustomed to. Why do you think you could cope with all this?

Do you drink alcoholic beverages?

Occasionally

Never

Do you smoke?

Yes

No

What is your religious denomination? _____ **Do you attend services?** _____

Do you have any dietary restrictions, and if so please describe. _____

Other information you feel is relevant for this exchange? _____

Continued Youth Exchange Application – Page 3

On a separate sheet of paper please respond to the following question. Your answer may be brief or as long as you feel appropriate. Please type or print your answer. Place your name at the top of the answer sheet and attach to the application as Attachment A.

WHY WOULD YOU LIKE TO BE SELECTED FOR THE SISTER CITY YOUTH EXCHANGE?

(Please indicate your first and second choice)

SISTER CITY (1) _____

SISTER CITY (2) _____

Instructions:

Send completed application, along with a small photo of yourself and 2 letters of recommendation from a teacher, family friend or other adult who knows you well, to:

Name and Address to send Application to:

City of Bellevue
Sister Cities Program,
City Manager's Office, 2nd flr
450 110th Ave. NE
P.O. Box 90012
Bellevue, WA 98009

Contact Nos. for City Hall: (425) 452-6800; (425) 452-2726

Basic Policies for Exchange Students

ILLNESS: In the event of illness, do as your host family advises. If emergency treatment is required or you become seriously ill, your host family will advise either the local coordinator and/or your parents.

PASSPORT: Keep your passport in a safe place. Carry it with you only when needed. Make several copies of passport in the event of loss.

DRIVING: Exchange students are not permitted to drive any motorized vehicles.

HOMESTAY: While staying with your host family, you will be expected to participate in family life which may include performing routine household tasks or chores. Be alert to the fact that your host family will have "family rules" by which you are expected to abide and that your host family may have a different approach to young people than does your family.

TRAVEL OR TRIPS: During the exchange, you may travel with your host family or participate in other organized trips by your host sister city committee. You may not travel alone to distant points unless you have the prior written permission of your own parents and your host family and with the prior knowledge of the exchange leader or the local sister cities coordinator. Trips should be planned well in advance with a definite place of residence. A copy of your itinerary should be left with your own family, your host family and the local sister cities coordinator. Hitchhiking is not allowed.

ALCOHOL AND DRUGS: The drinking of alcohol is not allowed during the exchange except in those cases where a waiver has been signed by your parents (see 'Waiver of Responsibility-form attached) which permits you to consume beer and wine in moderation. In the presence of your host family, drugs other than those prescribed by your physician, are forbidden.

RECIPROCITY: The sister cities committee hopes that your host family will be able to host a student from our sister city as part of your continuing participation and support of the program.

I HAVE READ THESE POLICIES. I AGREE TO ABIDE BY THEM. I UNDERSTAND THAT MY FAILURE TO DO SO WILL RESULT IN MY BEING SENT HOME.

Date: _____ Student Signature: _____

WE HAVE READ THESE POLICIES. WE UNDERSTAND THAT OUR CHILD'S FAILURE TO ABIDE BY THEM WILL RESULT IN HER/HIM BEING SENT HOME. WE UNDERSTAND THAT IN SUCH AN EVENT WE ARE RESPONSIBLE FOR ANY ADDITIONAL EXPENSES INCURRED.

Date: _____ Parent Signature _____

Waiver of Responsibility

We, _____, the
parents/legal guardians of _____
_____ (name of exchange student) hereby agree to
the following by affixing our signatures below on this date.

We hereby release the Bellevue Sister Cities Association and Sister Cities International from any responsibility for the actions of our son/daughter during youth exchange both in the U.S. and overseas. Further, we agree to hold harmless _____ (name of City), Sister Cities Association and Sister Cities International from any liability, responsibility, damages, expenses, lawsuits or injuries which may occur or be given rise to during his/her participation in the youth exchange.

We have adequate medical, accident, dismemberment, and repatriation insurance coverage for our son/daughter. We have verified this coverage with our agent and it is valid overseas. We are able to provide documentation if requested. We understand that the Bellevue Sister Cities Association and Sister Cities International provide no medical, accident, dismemberment or repatriation insurance.

We agree to have our son/daughter examined by a physician who will complete the medical form. Additionally, we will complete and return the consent form for emergency medical attention should the need arise, for our son/daughter.

We agree that our son/daughter will not drive any motorized vehicle while participating in this exchange.

We acknowledge that the chaperone/group leader and the sister cities organization has forbidden all exchange participants to drink alcoholic beverages, including beer and wine, except for those parents, who have signed a permission slip allowing their son/daughter to consume wine and beer.

We acknowledge that the sister cities organization has forbidden the use of any drugs by the participants in the youth exchange, except those prescribed by the examining physician and noted on the medical form.

Date: _____ Parent/Guardian Signature: _____

We hereby give our permission for our son/daughter to consume a small amount of wine or beer in the presence of his/her host family. The amount of alcohol consumed should not be enough to affect his/her behavior in an adverse manner.

Date _____ Parent/Guardian Signature _____

NOTE: We recommend that at least 3 copies of this form be made:

- On. copy for exchange student. Put in passport- Leave with host family upon arrival
- One copy for Sister City student committee file
- One copy for Sister Cities committee file in U.S.

EMERGENCY INFORMATION FORM

On rare occasions, an emergency requiring hospitalization and or surgery develops. Since Minors may not, as a rule, be administered an anesthetic or be operated upon without written consent of the parent(s) or guardian(s), we request that parents or guardians complete the following statement. This is a safeguard to prevent a dangerous delay in case of an emergency and in the event we are unable to contact the parent(s) or guardian(s):

IN THE EVENT OF INJURY OR ILLNESS TO OUR DAUGHTER/SON/WARD

NAME OF EXCHANGE STUDENT:

DATE OF BIRTH: _____

We hereby authorize the representative abroad of _____ Sister Cities youth exchange project for YEAR: _____, their officers and/or agents, to secure medical treatment and care deemed necessary, including the administration of an anesthetic and surgery.

DATE: _____ **Parent/Guardian Signature:** _____

What medical condition, if any, does your child have that a physician in another county should take into account in the event of an emergency?

What medication is your child currently taking?

Medicine or anesthetic to which our child is allergic are:

EMERGENCY CONTACTS, ADDRESSES AND PHONE NUMBERS

These people will be contacted in the event of an emergency.

NAME: _____
RELATIONSHIP (Specify Parent/Guardian): _____
ADDRESS: _____
DAYTIME PHONE: _____ EVENING PHONE: _____

* * *

NAME: _____
RELATIONSHIP (Specify Parent/Guardian): _____
ADDRESS: _____
DAYTIME PHONE: _____ EVENING PHONE: _____

* * *

NAME OF PHYSICIAN _____
ADDRESS: _____
DAYTIME PHONE: _____ EVENING PHONE: _____

- Seizures
- Cardiac difficulties
- Broken bones or sprains

Does the applicant take any medication on a regular basis?

- Yes
- No

If yes, please list medication:

Reaction to medication

- Normal
- Restricted (explain)

Please list adverse reaction to any medication prescribed:

Vision

- Good
- Restricted
(explain) _____

Hearing

- Good
- Restricted (explain)

Speech

- Good
- Restricted (explain)

Is there any congenital malformation?

- Yes
- No

If yes, explain:

Is there treatment that needs to be followed?

Is the applicant currently under treatment or observation for any physical or emotional condition?

Yes

No

If yes, explain:

Is this condition likely to deter applicant from full and successful participation in the exchange:

Yes

No

If yes, please use separate page to describe the treatment or observation to be carried out during the program. Be as specific as possible.

Would a change in diet, strenuous travel, carrying luggage or general fatigue be likely to be harmful to the applicant?

Yes

No

If yes, explain:

Is applicant to be restricted from any regular sports/athletic participation?

Yes

No

If yes, explain:

Please list past surgeries:

Immunizations: It is extremely important that the applicant is fully immunized against preventable diseases. Please update the applicant's immunizations and list the dates of all immunizations received.

Diphtheria, Pertussis, Tetanus

Polio

Rubeola, Mumps, Parotiditis, Rubella

Hepatitis B and/or A

Has the applicant had Varicella?

Yes

No

Other immunizations please list:

To my knowledge the applicant has not been exposed to an infectious disease

Yes

No

If yes, explain: _____

Physician Name (please print) :

Address: (Street number, City, State, Country)

Telephone

No. (_____) _____

End