



## **LEX Intern Application**

### **Application Instructions:**

1. Complete application form (7 pages plus essays) and sign.
2. Send completed application form to 4-H State Coordinator for approval and signature. Your Coordinator will forward the application to the LEX office in Boston.  
(If you are not a member of 4-H, please send your completed application to the LEX office in Boston.)

**APPLICATIONS ARE TO BE POSTMARKED BY DEC. 15<sup>th</sup>!!!**

**Make sure to get your application to your coordinator before Nov. 30<sup>th</sup> in order to meet the Dec. 15<sup>th</sup> deadline!**

3. Give Confidential Reference Form to two (2) references –non relatives- to fill out and return directly to LEX offices in Boston. For their convenience you may wish to give them an addressed, pre-stamped envelope in which to mail the form.

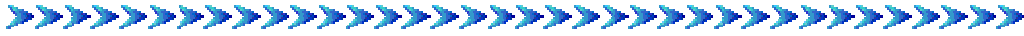
### **Approximate Schedule:**

- February 1<sup>st</sup>: Applicants will be notified whether they have been selected for interviews.
- Mid February: Interviews for Interns in Seattle, WA.
- March 15<sup>th</sup>: LEX will announce their intern decision; notifications will be sent out to applicants.
- May 1<sup>st</sup>: Intern will submit the following to LEX:  
Certificate of Eligibility and Visa application forms (LEX will provide)  
6 passport photos  
Essay outlining cultural project  
Official School Transcript/Diploma  
2 copies of Passport information page  
Signed Code of Conduct

### **Please submit all questions to:**

LEX America  
90 Sherman Street  
Cambridge, MA 02140 USA  
Tel:(617) 354-1140 Fax:(617) 354-1150  
Email: [info@lexlrf.org](mailto:info@lexlrf.org)

# LEX INTERN APPLICATION



(Please type or print clearly in ink)

**FULL NAME** (As it appears on passport): \_\_\_\_\_

First Middle Last

Female  Male Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name you prefer to be called: \_\_\_\_\_ Citizenship: \_\_\_\_\_

## HOME ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**CURRENT ADDRESS** (If different) Valid Until: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**EMERGENCY CONTACT** (other than parents): \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

## FAMILY INFORMATION:

**Father's Name:** \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_

## SIBLINGS:

Name: Gender Age

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH:** (Please explain any allergies, dietary restrictions, or other health conditions that are of concern):

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**EDUCATION:**

High School: \_\_\_\_\_ Graduation Date (mo/yr): \_\_\_\_\_  
 College/University: \_\_\_\_\_ Graduation Date (mo/yr): \_\_\_\_\_  
 Major field of study \_\_\_\_\_ Minor field of study: \_\_\_\_\_  
 Current year in school: \_\_\_\_\_

**LANGUAGE ABILITY** (other than English): Please indicate Excellent, Good, Fair, or Poor

Language	Reading	Writing	Speaking	Comprehension	Years of Study HS/College

While in Japan are you willing immerse yourself in the Japanese language (and other languages)?  Yes  No

**LEX HOMESTAY ACTIVITIES** (Please indicate both your hosting and travel experiences, if any)

Dates	Hosted or Traveled?	Name of LEX member	Their address, phone, email (if known)

**OTHER INTERNATIONAL ACTIVITIES**

(Labo, Utrek, etc. and independent travel. Include visitors hosted)

Country	Length of Stay/Hosting Period	Year	Purpose (tourist, student, etc.)

(Please use additional sheets if necessary)

**LEADERSHIP AND RELATED EXPERIENCES** (Include major roles in clubs, church, school, etc.)

Organization	Years Involved	Role

**WHAT EXPERIENCE DO YOU HAVE WORKING WITH CHILDREN?**

Activity/Organization	Children's Ages	Your Role

**WORK EXPERIENCE** (include relevant experience not listed above, especially any office work)

Employer	Dates	Job Title/Duties

**If you are applying for any other jobs or internships in Japan, please list them below.**

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**PERSONAL REFERENCES- 3 Required** (non-family members- teachers, previous employers, other)

Name	Relation	Address or Email	Phone

**\*\*\*GIVE TWO (2) PEOPLE (must be non-relatives, and not on the list above) THE CONFIDENTIAL RECOMMENDATION FORM AND HAVE THEM MAIL IT DIRECTLY TO LEX AMERICA, POSTMARKED BY DECEMBER 15<sup>th</sup>\*\*\***

**On a separate sheet of paper answer ALL the following questions in essay format:**

(please type)

- 1) Why would you make a good intern for LEX? (1 page minimum)
- 2) What are your interests and hobbies? (sports, art, music, collecting cards, etc.)
- 3) What are your long-term career and personal goals?
- 4) Please add any other important information about yourself or your activities.
- 5) A culture project is required for this position, and can sometimes be used for college credit. Please describe an area of traditional Japanese culture that interests you, and that you would like to learn more about. Past interns have studied tea ceremony, traditional instruments, calligraphy, and kimono, for example. (a few paragraphs are sufficient)
- 6) If you have participated in a LEX (or other) homestay program, either being a host or a visitor, please tell us about the experience. Include favorite memories and any challenges.
- 7) Include a recent photo of yourself. (no writing necessary)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**State Coordinators:**

Mail completed application (and attached medical form) to:

LEX America

90 Sherman Street

Cambridge, MA 02140 USA

**Application must be postmarked by December 15<sup>th</sup>.**



## MEDICAL FORM

### AUTHORIZATION for EMERGENCY TRANSPORTATION / MEDICAL TREATMENT

Participant Name \_\_\_\_\_ State/Province \_\_\_\_\_

#### 1. Inoculation History

Vaccine	Number	Date	Vaccinated By	Contracted?	When?
Measles	1st			Yes / No	
	2nd				
Mumps	1st			Yes / No	
	2nd				
Rubella	1st			Yes / No	
	2nd				
Chicken Pox				Yes / No	
Polio (OPV)	1st			Yes / No	
	2nd				
	3rd				
	4th				
DPT (Diphtheria, Pertussis, Tetanus)	1st			Yes / No	
	2nd				
	3rd				
	4th				
	5th				
Tuberculosis	Vaccine Type:			Yes / No	
Hepatitis B	1st			Yes / No	
	2nd				
	3rd				
Other				Yes / No	

#### 2. Do you have any allergies or reactions to drugs or non-drug items?

Medicine: Penicillin or related medicine  Yes  No

Aminopyrine or sulpyrine type medicine  Yes  No

Others (list) \_\_\_\_\_

Non-drug items such as bees, food, dust, pollen, cat-hair, etc. (list)

\_\_\_\_\_

**3. Do you have or are you subject to any of the following?**

Condition / Frequency / Comments

Asthma Yes No \_\_\_\_\_

Diabetes Yes No \_\_\_\_\_

Heart Trouble Yes No \_\_\_\_\_

Lung Trouble Yes No \_\_\_\_\_

Fainting Spells Yes No \_\_\_\_\_

Convulsions Yes No \_\_\_\_\_

Epilepsy Yes No \_\_\_\_\_

Skin Disease Yes No \_\_\_\_\_

Kidney/Gall Bladder/Liver Disease Yes No \_\_\_\_\_

Muscular/Skeletal Problem Yes No \_\_\_\_\_

Emotional or Metal Disorder Yes No \_\_\_\_\_

Stomach/Intestine Problem Yes No \_\_\_\_\_

Any other condition (Please list)  
\_\_\_\_\_  
\_\_\_\_\_

**4. If you are carrying medicine/prescriptions, fill in the following. Put "P" for prescriptions**

Name of Medicine	For what illness/symptoms?	Dosage and Times Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

**5. Have you had any surgical operations, accidents, or injuries, which required hospitalization in the past? Yes No**

**Please Explain:** \_\_\_\_\_

**6. Do you have any difficulties with any of the following?**

Eyes Yes No                      Remarks: \_\_\_\_\_

Do you use contact lenses? Yes No    Remarks: \_\_\_\_\_

Ears Yes No                      Remarks: \_\_\_\_\_

Nose Yes No                      Remarks: \_\_\_\_\_

Throat Yes No                      Remarks: \_\_\_\_\_

Digestion Yes No                      Remarks: \_\_\_\_\_

Sleepwalking Yes No                      Remarks: \_\_\_\_\_

Bed-Wetting Yes No                      Remarks: \_\_\_\_\_

Menstrual Problems Yes No    Remarks: \_\_\_\_\_

Explain any other conditions: \_\_\_\_\_

**7. If there are any physical activities that you are restricted from doing, please list.**

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**8. Are you on a special diet?** Yes No

**If so, what kind?** \_\_\_\_\_

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**9. Are you currently under a doctor's care?** Yes No

**Please Explain.** \_\_\_\_\_

**10. Is there any additional information the host parents should be aware of:**

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**Note:** Units of measurement may be different in Japan. Availability of medicines may also be difficult, even if you have a prescription with you. **Please bring sufficient amounts of your own medicine with you to Japan.**

**AUTHORIZATION for EMERGENCY TRANSPORTATION / MEDICAL TREATMENT**

I hereby authorize LEX staff or the family assigned as my hosts to make arrangements for my welfare, including transportation in the event of an emergency, and for whatever emergency medical care may be deemed necessary for my welfare (should I be incapacitated to make my own decision), while participating in this program.

In addition, I certify that all medical information has been included and that the above information is complete and accurate.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(if applicant is under 21 years of age)



**Interpersonal Relations:** As you observed this applicant in relation to other people, is he/she usually: (please specify "yes" or "no" and/or comments)

Comments:

- Cooperative  Yes  No \_\_\_\_\_
- Looked to for guidance  Yes  No \_\_\_\_\_
- Resentful  Yes  No \_\_\_\_\_
- Outgoing  Yes  No \_\_\_\_\_
- Sensitive towards others  Yes  No \_\_\_\_\_

**How does the applicant react to:**

Physical Discomfort: \_\_\_\_\_

Stress/Pressure: \_\_\_\_\_

Sudden changes in schedule: \_\_\_\_\_

Awkward and embarrassing situations: \_\_\_\_\_

**In comparison with persons you have known, how would you rate the applicant in the following areas:**

	Below Average	Average	Above Average	Top 10%
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm/Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you recommend this applicant for participation?**  Yes  No

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_ How long known the applicant? \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



**Interpersonal Relations:** As you observed this applicant in relation to other people, is he/she usually: (please specify "yes" or "no" and/or comments)

Comments:

Cooperative	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Looked to for guidance	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Resentful	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Outgoing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Sensitive towards others	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

**How does the applicant react to:**

Physical Discomfort: \_\_\_\_\_  
Stress/Pressure: \_\_\_\_\_  
Sudden changes in schedule: \_\_\_\_\_  
Awkward and embarrassing situations: \_\_\_\_\_

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Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm/Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Humor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Starter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you recommend this applicant for participation?**  Yes  No

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Relation to Applicant: \_\_\_\_\_ How long known the applicant? \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_