

# Language Station



By LEX Institute / Hippo Family Club

**Use this application form if you are a citizen or resident of the U.S. or Canada and you are applying to be a LEX Intern to Japan. All others please refer to the instructions on our website.**

## LEX Intern to Japan Application

### Application Instructions:

1. Complete application form (9 pages plus essays) and sign.
2. If you're a member of LEX, 4-H, ERDT, PIE, P2P, or TGE, one of your references must be your LEX fellow or local or state coordinator or leader. If you're not a member of one of these groups, this does not apply.
3. Send your completed application, including medical form, signed code of conduct, and photo to the LEX office.

**APPLICATIONS MUST BE POSTMARKED OR EMAILED BY 11:59PM EST DEC. 15<sup>th</sup>**

4. Give Confidential Reference Form to three (3) 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.

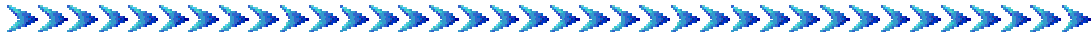
### Approximate Schedule:

- |                             |  |
|-----------------------------|--|
| February 15 <sup>th</sup> : | Applicants will be notified whether they have been selected for interviews.  |
| Late February:              | Interviews for Interns via video conference or in Boston, MA.  |
| Late March:                 | LEX will announce the intern decision; notifications will be sent out to applicants.   |
| May 1 <sup>st</sup> :       | Intern will submit to LEX the documents necessary to apply for the Certificate of Eligibility for your visa. (Instructions provided later.)                            |
| Summer                      | Orientations will be conducted via video conference.<br>After receiving your COE, you will apply for your visa.<br>LEX will purchase your plane tickets and insurance. |
| September                   | Depart for 11-12 months in Japan.  |

### **Please direct all questions to:**

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

# LEX INTERN APPLICATION



(Please type or print clearly in ink)

**FULL NAME** (As it appears on passport): \_\_\_\_\_  
First Middle Family Name

Female  Male  Other \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name you prefer to be called: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Current or past relevant affiliation, if any:

LEX member  S4-H  ERDT  PIE  P2P  Other \_\_\_\_\_  none

## HOME ADDRESS:

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

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

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

**PARENT / GUARDIAN / EMERGENCY CONTACT #1:** \_\_\_\_\_

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

**PARENT / GUARDIAN / EMERGENCY CONTACT #2:** \_\_\_\_\_

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

## ADDITIONAL FAMILY INFORMATION:

Name	Gender	Age	Relationship	Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**HOST FAMILY MATCHING:** (Please make only the most necessary requests):

I smoke: Yes No Outdoors only  
 I request a non-smoking host family: Yes Smoking outdoors only I'm flexible  
 I'm allergic to pets: No Yes, mild allergy to \_\_\_\_\_ Yes, serious allergy to \_\_\_\_\_  
 I have dietary restrictions: (explain) \_\_\_\_\_  
 I have other health concerns: (explain) \_\_\_\_\_  
 I will accept any assigned host family. If available, I request this family: (leave blank if not applicable)  
 (name, city, phone or email): \_\_\_\_\_

**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, if applicable: \_\_\_\_\_  
 Graduate School: \_\_\_\_\_ Graduation Date (mo/yr): \_\_\_\_\_  
 Field of study: \_\_\_\_\_ Degree: \_\_\_\_\_

**LANGUAGES:** Please indicate Native, Excellent, Good, Fair, or Poor

Language	Reading	Writing	Speaking	Comprehension	Years of Immersion or Study

While in Japan are you willing to 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**

(Homestays with other organizations, school programs, and independent travel. Include visitors hosted)

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

**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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**CRIMINAL RECORDS**

Have you ever been convicted of or pleaded guilty to a crime? (misdemeanor or felony):

Yes     No

If Yes, please explain.

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**PERSONAL REFERENCES- 3 Required** (non-family members - teachers, previous employers, other). List the people you have asked to be your references.

Name	Relation	Address or Email	Phone

**\*\*\*GIVE THREE (3) PEOPLE (must be non-relatives) THE CONFIDENTIAL RECOMMENDATION FORM AND HAVE THEM SEND IT DIRECTLY TO LEX AMERICA, POSTMARKED BY DECEMBER 15<sup>th</sup>\*\*\***

## **LETTER TO YOUR HOST FAMILY AND PHOTOS**

Your letter to your host family (or families) is one of the most important parts of your application. Your host family will want to know about your likes and dislikes, your family and friends, your interests and hobbies, and your community, etc. Please include any additional information that will help your host family know you better. ***(1 page minimum, include at least one photo of yourself)***

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

- 1) Besides the benefits of cultural exchange and the chance to perfect your language skills, give at least two other reasons why you want to participate in an internship abroad. (1 page minimum)
- 2) Why would you make a good intern for LEX? What can you contribute? (1 page minimum)
- 3) What are your interests and hobbies? (sports, art, music, etc.)
- 4) What do you usually do in your free time? List 3 or 4 activities.
- 5) Describe your personality (for example, quiet, cheerful, kind, etc.)
- 6) Please add any other important information about yourself or your activities.
- 7) 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)
- 8) 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.
- 9) What do you expect from your host family relationship? What can you contribute to this relationship?
- 10) While you are living abroad many things are likely to be very different from your country. This can include foods, your host family's rules and expectations regarding curfews, and your household responsibilities. Describe how you plan to adjust to these differences.
- 11) What do you anticipate will be the three most difficult problems you will encounter? Give examples of how you will deal with them.
- 12) What do you think is unique and different about you?
- 13) What are your long-term career and personal goals?

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

**Send completed application with medical form, photo, and code of conduct to:**  
info@lexlrf.org or LEX America 90 Sherman Street Cambridge, MA 02140 USA

**Your complete application, including references, must be postmarked or emailed by  
11:59pm EST on 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 Mental 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
Do you use contact lenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
Ears <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
Nose <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
Throat <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
Digestion <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
Sleepwalking <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
Bed-Wetting <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____
Menstrual Problems <input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks: _____

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

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

\_\_\_\_\_  
 \_\_\_\_\_

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

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



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:

\_\_\_\_\_

**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 current and past medical information, including mental health information such as, but not limited to, depression and anxiety, 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)

## **LEX INTERN IN JAPAN CODE OF CONDUCT**

Following are the terms of participation on the LEX Internship in Japan. Participants are expected to observe the following during the duration of the Internship.

1. Interns will show respect for LEX America and LEX/Hippo Family Club staff and follow their requirements and instructions.
2. Interns must abide by the laws of their home country and their host country and by the rules/guidelines of LEX/Hippo Family Club.
3. Interns are expected to complete the entire program once they are selected and arrive in country.
4. Interns are expected to adapt to their host family's living situation. They are expected to follow the host family rules and work with the host family and LEX to resolve problems. They are expected to respect and preserve the host family's privacy in all venues, including the local community and online.
5. Interns may not change host families at will, but requests for host family changes will be seriously considered.
6. Interns must submit regular process and evaluation reports as requested by LEX/Hippo Family Club.
7. Interns must always be aware of their responsibilities as an intern and make a determined effort in their independent study projects (if applicable).
8. Interns are not permitted to drive any motorized vehicle while participating in the program.
9. Interns are expected to return to their home country on the date specified by LEX/Hippo Family Club.
10. Interns must plan any travel in conjunction with LEX and their host family. Interns must gain approval from LEX/Hippo Family Club for any international travel.

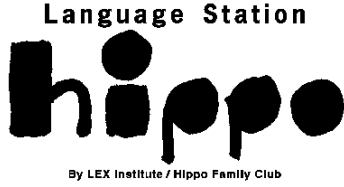
You are representing LEX/Hippo Family Club, your host family, your natural family, and your home country. Interns are expected to behave in a mature manner befitting your role while not jeopardizing your personal values, violating laws of the host country or home country, or endangering your safety or the safety of others.

Issues of concern include sexual contact and activity, changing religion, getting married, use of illegal drugs, smoking or drinking (if under legal age in host or home country), participation in high risk activities such as skydiving, hang gliding, parachute jumping, etc.

\*\*\*

I have read, understand, and agree to comply with these rules. I understand that failure to comply with rules may be grounds for dismissal from the LEX Internship in Japan, and termination of my visa. I may be returned home at personal expense and without refund of program fees for violating the above.

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



## CONFIDENTIAL INTERN REFERENCE

**Applicant's Name:** \_\_\_\_\_ **State:** \_\_\_\_\_

The individual above has applied to be an intern with the LEX Institute in Tokyo, Japan. The selected intern will spend one (1) year working with the Transnational Division in the role of cultural ambassador and assistant exchange program coordinator. Duties will include administrative work as well as orienting and counseling exchange students. He/She will be living and working in an unfamiliar culture. Openness and flexibility are very important. Solid organizational skills and writing skills are also useful. Your thoughtful evaluation of the applicant's ability to assume this role is greatly appreciated.

**Thank you for providing this reference.  
All information is confidential.**

**Please send completed form to:**

**info@lexlrf.org or LEX America 90 Sherman Street Cambridge, MA 02140 USA**

**Strengths and Weaknesses:** What do you think are the applicant's greatest strengths and weaknesses as they apply to this program?

Strengths: \_\_\_\_\_

\_\_\_\_\_

Weaknesses: \_\_\_\_\_

\_\_\_\_\_

**Skills:** Please assess the applicant's leadership, organizational, public speaking, and writing skills. \_\_\_\_\_

\_\_\_\_\_

**Openness:** How comfortable is the applicant with people of diverse ages, backgrounds, and beliefs? \_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_

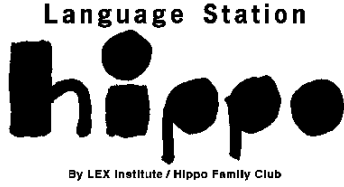
Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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



## CONFIDENTIAL INTERN REFERENCE

**Applicant's Name:** \_\_\_\_\_ **State:** \_\_\_\_\_

The individual above has applied to be an intern with the LEX Institute in Tokyo, Japan. The selected intern will spend one (1) year working with the Transnational Division in the role of cultural ambassador and assistant exchange program coordinator. Duties will include administrative work as well as orienting and counseling exchange students. He/She will be living and working in an unfamiliar culture. Openness and flexibility are very important. Solid organizational skills and writing skills are also useful. Your thoughtful evaluation of the applicant's ability to assume this role is greatly appreciated.

**Thank you for providing this reference.  
All information is confidential.**

**Please send completed form to:**

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**Strengths and Weaknesses:** What do you think are the applicant's greatest strengths and weaknesses as they apply to this program?

Strengths: \_\_\_\_\_

\_\_\_\_\_

Weaknesses: \_\_\_\_\_

\_\_\_\_\_

**Skills:** Please assess the applicant's leadership, organizational, public speaking, and writing skills. \_\_\_\_\_

\_\_\_\_\_

**Openness:** How comfortable is the applicant with people of diverse ages, backgrounds, and beliefs? \_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_

**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"/>
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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: \_\_\_\_\_

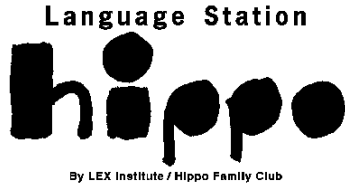
Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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



## CONFIDENTIAL INTERN REFERENCE

**Applicant's Name:** \_\_\_\_\_ **State:** \_\_\_\_\_

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**Please send completed form to:**

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**Strengths and Weaknesses:** What do you think are the applicant's greatest strengths and weaknesses as they apply to this program?

Strengths: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weaknesses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Skills:** Please assess the applicant's leadership, organizational, public speaking, and writing skills. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Openness:** How comfortable is the applicant with people of diverse ages, backgrounds, and beliefs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Comments:

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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"/>
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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: \_\_\_\_\_