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. Email your completed application, including medical form, signed code of conduct, travel waiver, and photo to the LEX office.

APPLICATIONS MUST BE RECEIVED VIA EMAIL BY 11:59PM EST DEC. 15th

4. Give Confidential Reference Forms to three (3) references – non relatives – to fill out and return directly to LEX offices in Cambridge, MA via email.

Approximate Schedule:
February 15th: Applicants will be notified whether they have been selected for interviews.
Late February: Interviews for Interns via Zoom or in Cambridge, MA.
Late March: One or more interns will be selected, subject to successful completion of a background check; notifications will be sent out to applicants.
May 1st: 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.
After receiving your COE, you will apply for your visa.
LEX will purchase your plane tickets and insurance.
September Depart for 11-12 months in Japan.

Please direct all questions to:
LEX Language Project Cambridge, MA USA Email: info@lexlrf.org Tel: (617) 354-1140
LEX INTERN APPLICATION

Please type or print clearly in black ink on both sides and email to info@lexlr.org by December 15

FULL NAME (As it appears on passport):

First
Middle
Family Name

Preferred Name:_________  Age:_____  Date of Birth:_______  Citizenship: ________

Gender Identity: ________________  Preferred Pronouns (Optional):____________________

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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
<th>Age</th>
<th>Relationship</th>
<th>Occupation</th>
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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

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<tr>
<th>Language</th>
<th>Reading</th>
<th>Writing</th>
<th>Speaking</th>
<th>Comprehension</th>
<th>Years of Immersion or Study</th>
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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)

<table>
<thead>
<tr>
<th>Dates</th>
<th>Hosted or Traveled?</th>
<th>Name of LEX member</th>
<th>Their address, phone, email [if known]</th>
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</table>

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Length of Stay/Hosting Period</th>
<th>Year</th>
<th>Purpose (tourist, student, etc.)</th>
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LEADERSHIP AND RELATED EXPERIENCES (Include major roles in clubs, church, school, etc.)

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<tr>
<th>Organization</th>
<th>Years Involved</th>
<th>Role</th>
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</table>
WHAT EXPERIENCE DO YOU HAVE WORKING WITH CHILDREN?

<table>
<thead>
<tr>
<th>Activity/Organization</th>
<th>Children's Ages</th>
<th>Your Role</th>
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WORK EXPERIENCE (include relevant experience not listed above, especially any office work)

<table>
<thead>
<tr>
<th>Employer</th>
<th>Dates</th>
<th>Job Title/Duties</th>
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If you are applying for any other jobs or internships in Japan, please list them below.

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

CRIMINAL RECORDS
Have you ever been convicted of or pleaded guilty to a crime? (misdemeanor or felony):
□ Yes    ☐ No
☐ Please check this box to acknowledge you understand that successful intern candidates must complete a criminal background check prior to finalization of acceptance in the program.

If Yes, please explain.
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Address or Email</th>
<th>Phone</th>
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***GIVE THREE (3) PEOPLE (must be non-relatives) THE CONFIDENTIAL RECOMMENDATION FORM AND HAVE THEM SEND IT DIRECTLY TO LEX AT INFO@LEXLRF.ORG BY DECEMBER 15th***
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)

ESSAY QUESTIONS
On a separate sheet of paper answer ALL the following questions in essay format, repeating the question before answering it: (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, travel waiver, and code of conduct to: info@lexlrf.org. Your complete application, including references, must be received via email by 11:59pm EST on December 15th.
## MEDICAL FORM
AUTHORIZATION for EMERGENCY TRANSPORTATION / MEDICAL TREATMENT

### 1. Inoculation History

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Number</th>
<th>Date</th>
<th>Vaccinated By</th>
<th>Contracted?</th>
<th>When?</th>
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<tbody>
<tr>
<td>Measles</td>
<td>1st</td>
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<td>Yes / No</td>
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<td>Mumps</td>
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<td>Rubella</td>
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<td>Chicken Pox</td>
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<td>Polio (OPV)</td>
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<td>DPT</td>
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<td>Pertussis,</td>
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<td>Tetanus)</td>
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<td>Tuberculosis</td>
<td>Vaccine</td>
<td>Type:</td>
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<td>Yes / No</td>
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<td>Hepatitis B</td>
<td>1st</td>
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<td>Other</td>
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<td>Yes / No</td>
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### 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 __________
Depression or Anxiety □Yes □ No ______________
Other 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?

Eye □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: ______________________
Severe Menstrual Pain □Yes □ No Remarks: ______________________
Other Menstrual Issues □Yes □ 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:

___________________________________________________________________________

___________________________________________________________________________

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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 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. If there are any changes to my
medical history between the time of application and the time of travel, I will inform LEX.

Signature: ___________________________  Date: ________________

Legal Guardian Signature (if applicant not a legal adult): ___________________________  Date: ________________
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 taking prescribed medication are expected to make sure they have access to appropriate medication while overseas, take their medication reliably, and refrain from changing the dose or discontinuing medication without consulting a medical professional.

10. Interns are expected to return to their home country on the date specified by LEX/Hippo Family Club.

11. 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 like 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: ______________

Legal Guardian Signature (if applicant not a legal adult): ___________________________ Date: ______________
LEX INTERN IN JAPAN TRAVEL WAIVER AND RELEASE OF LIABILITY

In consideration of the services provided by LEX America, Inc., doing business as LEX Language Project and its affiliates, LEX Institute/Hippo Family Club, LEX Mexico, and Hippo Korea and each of their agents, directors, officers, volunteers, participants, employees, independent contractors, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "LEX Language Project"), the applicant for the LEX Internship in Japan (the "Internship") agrees that their participation in the Internship is conditioned on understanding, acknowledging, and pledging the following:

1. Travel to foreign countries, including but not limited to Japan, may involve risks including search and/or seizure of property by governmental authorities, loss or damage of property, diseases, and personal injury or death. I understand and assume these risks and acknowledge that it is my responsibility to take precaution to safeguard my health and to protect my personal belongings from damage or theft. Although LEX America, Inc. doing business as LEX Language Project ("LEX Language Project") will provide information and advice on safe travel practices, I understand that LEX Language Project cannot guarantee my safety or the safety of my belongings before, during, or after the Internship.

2. I am also aware that traveling during and after the COVID-19 pandemic involves certain inherent risks, dangers and hazards, which can result in serious infection, personal injury or death. I further acknowledge, understand, appreciate, and agree that my participation may result in possible exposure to and illness from COVID-19. While protocols and personal discipline may reduce this risk, the risk of serious injury, illness, and even death is not possible to fully mitigate. Thereby, I hereby freely agree to assume and accept all known and unknown risks of exposure to COVID-19, as well as any and all additional cost that may be incurred due to exposure or the risk of exposure, even arising from the negligence of LEX Language Project or others and assume full responsibility for my participation.

3. Social, cultural, political, governmental, legal, and medical laws, policies, and standards of foreign countries, including but not limited to Japan, may differ from those in my home country. Behavior considered acceptable or normal in my home country may have negative consequences elsewhere. I understand and assume these risks and acknowledge that I alone am responsible for my behavior or any consequences thereof before, during, or after the Internship. I further understand and agree that any independent travel in which I choose to engage in before, during, or after the Internship will be at my own expense and risk, and is not considered part of the Internship. I acknowledge that while LEX Language Project may provide me with information regarding extra-curricular activities or travels, this in no way represents an endorsement by LEX Language Project of those activities or destinations.

4. I and my family, heirs, and personal representative(s) release LEX Language Project and its affiliates, LEX Institute/Hippo Family Club, LEX Mexico, and Hippo Korea and each of their agents, directors, officers, volunteers, participants, employees, independent contractors, and all other persons or entities acting in any capacity on their behalf, in their official and individual capacities (collectively, "Covered Persons") from, and agree not to sue any Covered Person for, any and all claims and causes of action for penalties and fines, loss of or damage to property, bodily or personal injury, or death sustained or incurred by me or third parties arising out of my participation in the Internship, except for those that arise out of a Covered Person’s willful misconduct or gross negligence.

5. I agree to defend, indemnify, and hold harmless Covered Persons for any and all losses, expenses, claims, judgments and liabilities (including attorneys’ fees) of any nature, including those by third parties, arising out of or in consequence of my actions, words, conducts, or omissions in connection with the Internship.

6. I waive any and all rights that I may have regarding the use of my name, pictures of me, or recordings of my voice that may be used by LEX Language Project for advertising or promotional purposes, including, but not limited to, use in a print advertisement, brochure, website, or other online materials. I grant permission to LEX Language Project to use my picture, voice, or name for advertising or other promotional purposes UNLESS I cross out this paragraph and initial in the margin.

7. I understand that LEX will provide me with medical insurance during the Internship, but that some things such as pre-existing conditions or mental health conditions may not be covered or may not be fully covered. I assume full responsibility for payment of any expenses incurred which are not covered by the insurance.

8. I have carefully and freely signed this Travel Waiver and Release of Liability. I agree that this document shall be governed by the laws of the Commonwealth of Massachusetts, which shall be the forum for any lawsuits filed under or incident to this waiver.

Applicant’s Signature: __________________________________________ Date: ______________________

Legal Guardian Signature (if applicant not a legal adult): __________________________ 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 in a multilingual, multicultural, multigenerational environment as a cultural ambassador, assistant exchange program coordinator, and language club participant and promoter. Duties will include administrative work as well as orienting and counseling exchange students. The intern will be living and working in an unfamiliar culture. Openness and flexibility are very important. Solid organizational skills, writing and public speaking skills, and leadership 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

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?
____________________________________________________________________
____________________________________________________________________

11.2021
Interpersonal Relations: As you observed this applicant in relation to other people, is the applicant 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:
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:

<table>
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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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Skills: Please assess the applicant’s leadership, organizational, public speaking, and writing skills. __________________________________________________________________________________
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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 the applicant usually: (please specify “yes” or “no” and/or comments)

Comments:

Cooperative □Yes □ No ____________________________
Looked to for guidance □Yes □ No ____________________________
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Do you recommend this applicant for participation?  □ Yes □ No

Additional Comments:

_______________________________________________________________________________________
_______________________________________________________________________________________
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Signature: ____________________________  Printed Name: ____________________________
Title: ____________________________  Date: ____________________________
Relation to Applicant: ____________________________  How long known the applicant? ________
Telephone: ____________________________  Email: ____________________________
Address: ____________________________
City: ____________________________  State: ________  Zip: ____________________________
CONFIDENTIAL INTERN REFERENCE

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**How does the applicant react to:**

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**Additional Comments:**

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