LEX World Internship Project – A GAP Year for All

Use this application form IF you are a citizen or resident of the U.S. or Canada and you are applying to go overseas on WIP through LEX Language Project OR you are applying to intern with LEX in the U.S and you are NOT a citizen or resident of Japan, Mexico, or South Korea. All others please refer to the instructions on our website.

1. Complete application form (9 pages plus essays) and sign. LEX staff and your host family will read it. Please type or write neatly and clearly.
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 by email.

APPLICATIONS ARE ACCEPTED ON A ROLLING BASIS AND MUST BE RECEIVED AT LEAST 4 MONTHS BEFORE YOUR DESIRED INTERNSHIP START DATE.

4. Give Confidential Reference Form to three (3) references - non relatives - to fill out and return directly by email to LEX.

Process
1. After reviewing your completed application, if everything is in order, LEX will schedule an interview/orientation with you via video conference or in Cambridge, MA.
2. LEX will receive your non-refundable deposit, and conduct a criminal background check, if available in your home country. Acceptance is contingent on passing the background check. 50% of program fees is due after passing the background check.
3. You will purchase appropriate travel medical insurance per our guidelines.
4. LEX will provide an orientation handbook.
5. LEX will work with you to choose your flights, which you will purchase.
6. LEX will receive the balance of your program fees about one month before departure.
7. LEX will do a final orientation via video conference or in Cambridge.
8. LEX will provide information on your host family or families.
9. LEX will provide program support to you during and after your internship

Please direct all questions to:
LEX Language Project Cambridge, MA 02140 USA Email: info@lexlrf.org Tel: (617) 354-1140

11.2021
LEX WORLD INTERNSHIP PROJECT APPLICATION
(Please type or print clearly in ink)

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

Preferred Name:_________ Age:_____ Date of Birth:_______ Citizenship:_______ Gender Identity:_____________ Preferred Pronouns (Optional):______________________________

Requested country:_____________ 2nd choice country, if applicable:________________________ Requested start date:_________ Requested end date:_________ (approx. dates OK)

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:__________________________________________

EMERGENCY CONTACT #1:________________________________________
Relationship:_________________________ Home Phone: (______)____________________
Work Phone:(______)____________________ Cell Phone: (______)____________________

EMERGENCY CONTACT #2:________________________________________
Relationship:_________________________ Home Phone: (______)____________________
Work Phone:(______)____________________ Cell Phone: (______)____________________

FAMILY INFORMATION (please list parents and siblings or spouse and children, as appropriate):
Name Gender Age Relationship Occupation
________________________________________________________
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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

<table>
<thead>
<tr>
<th>Language</th>
<th>Reading</th>
<th>Writing</th>
<th>Speaking</th>
<th>Comprehension</th>
<th>Years of Exposure</th>
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While on WIP are you willing immerse yourself in the local language and other languages?  
□ Yes □ No

**LEX HOMESTAY EXPERIENCES** (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>Address, phone, email (if known)</th>
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**OTHER HOMESTAY EXPERIENCES AND OTHER INTERNATIONAL EXPERIENCES**  
(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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<thead>
<tr>
<th>Organization</th>
<th>Years Involved</th>
<th>Role</th>
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</table>
WHAT EXPERIENCE DO YOU HAVE WORKING OR LIVING WITH CHILDREN?

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<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)

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<tr>
<th>Employer</th>
<th>Dates</th>
<th>Job Title/Duties</th>
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CRIMINAL RECORD

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, if available in your home country, 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.

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<thead>
<tr>
<th>Name</th>
<th>Relation</th>
<th>Email</th>
<th>Phone</th>
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</table>

***GIVE THREE (3) PEOPLE (must be non-relatives) THE CONFIDENTIAL RECOMMENDATION FORM AND HAVE THEM EMAIL IT DIRECTLY TO LEX AT INFO@LEXLRF.ORG AS SOON AS POSSIBLE.
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)

ESSAYS
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. 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.

8. What do you expect from your host family relationship? What can you contribute to this relationship?

9. While you are living abroad many things are likely to be very different from in 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.

10. What do you anticipate will be the three most difficult problems you will encounter? Give examples of how you will deal with them.

11. What do you think is unique and different about you?

12. 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 at least four months prior to your requested internship start date.
LEX World Internship Project  
MEDICAL FORM

AUTHORIZATION for EMERGENCY TRANSPORTATION / MEDICAL TREATMENT

Participant Name________________________________________

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>
<td></td>
<td></td>
<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>
<td>1st</td>
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<td>Yes / No</td>
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<td>DPT (Diphtheria, Pertussis, Tetanus)</td>
<td>1st</td>
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<td>Yes / No</td>
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<td>5th</td>
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<td>Tuberculosis</td>
<td>Vaccine Type:</td>
<td>Yes / No</td>
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<tr>
<td>Hepatitis B</td>
<td>1st</td>
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<td>Yes / No</td>
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<td>3rd</td>
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<td>COVID-19</td>
<td>Vaccine Type:</td>
<td>Yes / No</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?

<table>
<thead>
<tr>
<th>Condition / Frequency / Comments</th>
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<tbody>
<tr>
<td>Asthma  □ Yes  □ No ________</td>
</tr>
<tr>
<td>Diabetes  □ Yes  □ No ________</td>
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<tr>
<td>Heart Trouble  □ Yes  □ No ________</td>
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<tr>
<td>Lung Trouble  □ Yes  □ No ________</td>
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<tr>
<td>Fainting Spells  □ Yes  □ No ________</td>
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<td>Convulsions  □ Yes  □ No ________</td>
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<tr>
<td>Epilepsy  □ Yes  □ No ________</td>
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<td>Skin Disease  □ Yes  □ No ________</td>
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<tr>
<td>Kidney/Gall Bladder/Liver Disease  □ Yes  □ No ________</td>
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<tr>
<td>Muscular/Skeletal Problem  □ Yes  □ No ________</td>
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<tr>
<td>Depression or Anxiety  □ Yes  □ No ________</td>
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<tr>
<td>Other Mental Health Disorder  □ Yes  □ No ________</td>
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<tr>
<td>Stomach/Intestine Problem  □ Yes  □ No ________</td>
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<td>Any other condition (Please list) ________</td>
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</table>

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

<table>
<thead>
<tr>
<th>Name of Medicine</th>
<th>For what illness/symptoms?</th>
<th>Dosage and Times Taken</th>
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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?

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<th>Remarks:</th>
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<tbody>
<tr>
<td>Eyes  □ Yes  □ No</td>
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<tr>
<td>Do you use contact lenses?  □ Yes  □ No</td>
<td>Remarks:</td>
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<tr>
<td>Ears  □ Yes  □ No</td>
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<tr>
<td>Nose  □ Yes  □ No</td>
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<tr>
<td>Throat  □ Yes  □ No</td>
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<tr>
<td>Digestion  □ Yes  □ No</td>
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<tr>
<td>Sleepwalking  □ Yes  □ No</td>
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<tr>
<td>Bed-Wetting  □ Yes  □ No</td>
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<tr>
<td>Severe Menstrual Pain  □ Yes  □ No</td>
<td>Remarks:</td>
</tr>
<tr>
<td>Other Menstrual Issues  □ Yes  □ No</td>
<td>Remarks:</td>
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<tr>
<td>Explain any other conditions:</td>
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</table>
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 other countries. 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.

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 my medical history changes between time of application and time of travel, I will share the new information with LEX.

Signature: ___________________________________________ Date: _________________

Legal Guardian Signature: _____________________________ Date: _______________
(if applicant is not a legal adult in home country)
LEX WORLD INTERNSHIP PROJECT (WIP) CODE OF CONDUCT

Following are the terms of participation on the LEX/Hippo Family Club World Internship Project. Participants in WIP 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 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 World Internship Project, and termination of my visa (if applicable). 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:_________________________________________ Date:__________________
(if applicant is not a legal adult in home country)
LEX WIP 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 World Internship Project (WIP) in Japan, Korea, Mexico, or the USA (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, Korea, Mexico, or the USA 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, Korea, Mexico or the USA, 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, conduct, 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 I am required to maintain travel medical insurance during the Internship. I agree to provide proof of coverage with a minimum of $100,000 medical and $100,000 evacuation and repatriation. I assume full responsibility for payment of any expenses incurred which are not covered by my 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: ____________
LEX World Internship Project
CONFIDENTIAL INTERN REFERENCE

Applicant’s Name: __________________________________________

The individual above has applied to be an intern overseas with LEX. The selected intern will spend 1-3 months in the role of cultural ambassador in a multilingual, multicultural, multigenerational environment. Duties may include participating in language clubs and special events, administrative work, and orienting and counseling exchange students. This individual will be living and working in an unfamiliar culture. Openness, flexibility, and the ability to adjust to cultural differences are very important. 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. _______________________________________________________________________________
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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 ________________________________

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:**

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

**Additional Comments:**
_______________________________________________________________________________________
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_______________________________________________________________________________________

Signature: ____________________________  Printed Name: _____________________________
Title: ____________________________  Date: ____________________________
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Signature: __________________________ Printed Name: ____________________________
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Relation to Applicant: _______________ How long known the applicant?________
Telephone:___________________________ Email:_____________________________
Address: ___________________________ State: _______ Zip:______________________

City: _____________________________ State: _______ Zip:______________________
LEX World Internship Project
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