



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.
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 deposit, and conduct a criminal background check, if available in your home country. Acceptance is contingent on passing the background check.
3. LEX will provide an orientation handbook.
4. LEX will work with you to choose your flights, which you will purchase.
5. LEX will arrange medical/travel insurance for you.
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

LEX WORLD INTERNSHIP PROJECT 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: _____

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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 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)

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

OTHER HOMESTAY EXPERIENCES AND OTHER INTERNATIONAL EXPERIENCES

(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 OR LIVING 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

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.

Name	Relation	Email	Phone

*****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

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 _____
- Depression or Anxiety Yes No _____
- Other Mental Health 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: _____
- 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:

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 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 exchange.

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 exchange 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

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. 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.
3. 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 directors, officers, employees, agents, and volunteers, 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.
4. 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.
5. 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.
6. I understand that I am required to maintain travel insurance during the Internship either through LEX Language Project or on my own. If I choose to decline travel insurance offered to me by LEX Language Project, I agree to provide proof of coverage with a minimum of \$100,000 medical and \$100,000 evacuation. I assume full responsibility for payment of any expenses incurred as a result of my refusal to enroll in travel insurance through LEX Language Project.
7. 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: _____ Date: _____

(if applicant is not a legal adult in home country)

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. _____

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:

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: _____

LEX World Internship Project
CONFIDENTIAL INTERN REFERENCE

Applicant's Name: _____

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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: _____

LEX World Internship Project
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		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	_____

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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: _____