



## Welcome Letter

Hello! Thank you for your interest in the York Twinning Association, Inc's (YTA) Student Exchange Program. This packet contains important information to assist you in becoming an ambassador for YTA .

### Packet Instructions

- The Packet Due Date is **September 30, 2018**
- Please complete this packet in its entirety
- Ensure legible handwriting for all responses

### Completed Packets should be returned to

German: [gse@yorktwinning.org](mailto:gse@yorktwinning.org) or fax to 717-326-1177

French: [fse@yorktwinning.org](mailto:fse@yorktwinning.org)

Mail: York Twinning Association, Inc  
PO Box 21318  
York, PA 17402

### Packet Checklist

<input type="checkbox"/>	Completed and Signed Welcome Letter Page	<input type="checkbox"/>	Completed and signed Social Media and Photograph Release Form
<input type="checkbox"/>	Completed and signed Ambassador Application and Biography	<input type="checkbox"/>	Student Photograph
<input type="checkbox"/>	Completed and signed Expectations of Behavior	<input type="checkbox"/>	100 word essay (see page 4)
<input type="checkbox"/>	Completed and signed Release Waiver and Indemnity Agreement		

I \_\_\_\_\_ (print name of student) am interested in participating in the York Twinning Association, Inc's (YTA) Student Exchange Program, (circle) German/French, for a commitment of 18 months during \_\_\_\_\_. This includes travel to the foreign country, and in turn, hosting a student from that country. I have completed the attached packet as directed.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



# York Twinning Association, Inc Student Exchange Program

## Ambassador Application & Biography

Please print legibly in blue or black ink

Applicant Name \_\_\_\_\_

DOB \_\_\_\_\_ Gender (M/F) \_\_\_\_\_ Age at Travel \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Student Contact Information

Student Cell \_\_\_\_\_ Home Phone \_\_\_\_\_

Student e-mail \_\_\_\_\_

### Mother / Legal Guardian

Name \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

### Father / Legal Guardian

Name \_\_\_\_\_ Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Spoken Language(s) \_\_\_\_\_



# York Twinning Association, Inc Student Exchange Program

Have you ever traveled outside of the United States? If so, list countries visited

Please list all hobbies – Sports, extracurricular activities, etc. This will help in assigning you a student with similar interests

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Do you smoke? \_\_\_\_\_ Will you require a nonsmoking home? \_\_\_\_\_

Allergies (medication, food, seasonal, etc) \_\_\_\_\_

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### Medications – Prescription and Over-the-counter

Medication Name	Dosage	Frequency	Prescription Y/N	Prescriber
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Are there any other limitations, restrictions, medical conditions we should be aware of?

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Please list any special housing requests (If Applicable)

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# York Twinning Association, Inc Student Exchange Program

## Additional Biography

Can a parent/relative drive for any field trips during the visiting student's Visit?

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Is Smoking Permitted in your home?

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How many brothers do you have at home? Age(s)

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How many sisters do you have at home? Age(s)

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Does anyone other than your parent(s) live in your home? Who?

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Do you have pets? Type(s)

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Do you or your family eat a special diet? Describe

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Any other pertinent information regarding housing?

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I want to participate as an Ambassador for the York Twinning Association, Inc Student Exchange Program by welcoming an exchange student from a twin city to visit in my home as outlined in the program details. I understand that I (my parent(s)) will be responsible to provide room and board for the student, to include the student in the activities of my American family's life, to help with arrangements for the student to attend my (my child's) school, and to provide (arrange for) transportation for the student to participate in the activities the Twinning committee plans for the visiting student group.

Student must write and attach a signed and dated essay of approximately 100 words in English stating why he/she would like to participate in the program and why he/she believes that the YTA Student Exchange Committee should choose this student to participate in the program. Please also include a recent photograph.

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FATHER/GUARDIAN SIGNATURE

DATE

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MOTHER/GUARDIAN SIGNATURE

DATE

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STUDENT SIGNATURE

DATE

*All parties must sign regardless of current living/custody arrangement*



# York Twinning Association, Inc Student Exchange Program

## Expectations of Behavior

As a participant in the York Twinning Association, Inc., Student Exchange Program, I understand that I am representing others as well as myself. Therefore, I agree to abide by acceptable behavior standards as a sponsored representative of the York Twinning Association, Inc., and as a representative of York County, my family and my country.

Unacceptable behaviors include, but are not limited to: Drinking alcohol, possession or usage of illicit drugs, any unlawful act, and any inappropriate or disrespectful behavior towards my hosts, my chaperones, or others.

If I am found to be behaving in a way that is detrimental to the purpose of the exchange, I will be sent home at the discretion of the chaperones after consultation with the coordinators and/or board officers at my Parents/Guardians expense. In addition, I will be prohibited from further participation in the exchange program in any capacity.

\_\_\_\_\_  
Student Signature Date

We support our child's participation in the York Twinning Association, Inc., Student Exchange Program and will attend required meetings, help with the necessary preparatory planning and work, and cover all financial obligations.

\_\_\_\_\_  
Father's/Guardian Signature Date

\_\_\_\_\_  
Mother/Guardian Signature Date

*Both parents/guardians must sign this application, regardless of living or custody arrangements*



# York Twinning Association, Inc Student Exchange Program

## RELEASE WAIVER AND INDEMNITY AGREEMENT

Names of Parents/Guardians \_\_\_\_\_

Name of Participating Child \_\_\_\_\_

The above-named parents and participating child hereby apply to York Twinning Association, Inc., for permission to be included in a Student Exchange Program arranged by the Association. In consideration for the granting of such permission and for making a major portion of the necessary arrangements for such Student Visitation as part of the Association’s educational program for the creation of better relations between the peoples of various countries and for the furtherance of peace and understanding in the world, the undersigned parents and child hereby jointly and severally agree:

- (1) That said child will conduct himself or herself in such a manner as to further the above stated purposes of such visitation; that the chaperones shall be the final judges of any misconduct while the student is participating in the program; and that they, in consultation with the York Twinning Association, Inc’s Student Coordinator and/or Board officers, shall have the right to send the student home, totally at the parent’s cost, should said misconduct occur; and
- (2) That Each of the undersigned parties hereto does hereby release and agree to indemnify and hold harmless York Twinning Association, Inc., and its officers, directors, and members from and against any and all liability for injury to the person, death or damage to property of any of the undersigned which may arise in any direct or indirect manner during or in connection with such visitation or the arrangements made therefor or traveling to and from Europe and which may occur due to or as a result of any negligent or non-negligent act or omission by said Association or by any of its officers, directors, members, servants, or agents or due to or as a result of any accident or any act or omission to act by any other person or persons, organization or organizations relating to travel to and from Europe during or after such visitation;

And each of the undersigned parents and participating child hereby (a) agrees that the Releases hereunder are acting merely as agents for the undersigned in such matters and (b) waives all claims for damages or loss resulting in any manner whatsoever therefrom or in connection therewith, and further (c) agrees not to institute any suit, claim, action, or demand whatsoever against York Twinning Association, Inc., or any of its officers, directors or members for any such negligent, non-negligent, accidental or intentional injury, death, damage, or loss.

THE UNDERSIGNED PARENTS/GUARDIANS AND PARTICIPATING CHILD ACKNOWLEDGE THAT THEY HAVE BEEN NOTIFIED THAT THERE ARE INHERENT DANGERS OF POSSIBLE TRANSPORTATIONAL ACCIDENTS, ACTS OF TERRORISM AND HARMFUL, NEGLIGENT, NON-NEGLIGENT OR INTENTIONAL ACTS OR OMISSIONS INVOLVED IN TRAVELING TO, FROM, AND IN EUROPE AND HAVE READ THIS DOCUMENT AND AGREE TO THE TERMS THEREOF.

***Print Names and Sign the Following:***

Participating Child Name / Signature	Date
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Parent Father/Guardian Name / Signature	Date
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Parent Mother/Guardian Name / Signature	Date
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*Both parents/guardians must sign this application, regardless of living or custody arrangements*



# York Twinning Association, Inc Student Exchange Program

## Social Media and Photograph Release Form

Names of Parents/Guardians \_\_\_\_\_

Name of Participating Child \_\_\_\_\_

The above-named parents and participating child do hereby grant permission to the York Twinning Association, Inc to use their and/or their child’s story, photograph(s), or other items, hereinafter referred to as “Materials” for purposes of marketing, program promotion, and in conjunction with Twitter, Instagram, Snap Chat, Facebook, and any other social media outlet not mentioned. Permission is granted for use of Material in marketing materials, including but not limited to brochures, flyers, mailings, e-mails, online publications, presentations, websites, etc. Permission is granted to publish my child’s first and last name, as well as grade and school in the York Twinning Association, Inc’s Newsletter.

I hereby release York Twinning Association, Inc and its representatives, members, managers, officers, and all others from any and all claims and demands arising out of or in connection with the use of said Materials, including, without limitation, all claims for invasion of privacy, infringement of the right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the user and/or exploitation of the Materials or any rights therein

***Print Names and Sign the Following:***

\_\_\_\_\_  
Participating Child Name / Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Parent Father/Guardian Name / Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Parent Mother/Guardian Name / Signature \_\_\_\_\_ Date

*Both parents/guardians must sign this application, regardless of living or custody arrangements*