



CHI Overseas English Tutor Application Checklist

"Opening Homes to the World since 1980"

Dear Overseas English Tutor Applicant,

Thank you for your interest and enthusiasm in applying for the CHI Overseas English Tutor (OET) program. Fun, adventure, and personal growth await you through this program. At the same time, there are very important responsibilities expected of you. The *OET Promise and Agreement form* outlines, in detail, the rules, conditions and expectations of the program. It is your responsibility to understand completely your role as an OET, as well as an Exchange Visitor in another country. Before submitting the application, we encourage you to ask questions if information is not clear or if you do not understand any program components.

Once CHI receives your application you will be notified by e-mail. Our overseas partner will then be given your information and begin the placement process. When CHI receives host family information, we will contact you by phone. At that time, with your acceptance of the host family information, your program fee will be due. Preferred method of payment is by credit card. Once the program fee has been paid, an acceptance packet with host family contact information will be mailed to you.

This application packet is a step toward demonstrating your responsibility to the potential host family. Your honest attention to all details and accuracy is of the utmost importance. Upon acceptance, all guidelines and rules will be adhered to. Once again, please be sure you are in agreement with the rules, terms and conditions before applying to this program.

Welcome, and let the journey begin...

OET Applicant Name (print)

CHI code (office use only)

APPLICATION CHECKLIST

Submit these documents by mail to:

CHI, 422 Larkfield Center #244, Santa Rosa, CA 95403

- Application form** - Please type or print neatly.
- \$75 deposit** - Submit in the form of a check, money order or credit card.
- Promise & Agreement form** - Be sure to thoroughly understand and read this document completely.
- Three Character References** - Have two of your three references write letters on your behalf. Use the enclosed form for your third reference. Family members and relatives do not qualify as acceptable reference. Only one reference may be from a friend.
- Passport** - Photocopy to verify you were born in the United States or Canada. (May be sent in at a later date.)
- Letter of Introduction to the Host Family** - PLEASE TYPE. Introduce yourself to the Host Family, and describe your hobbies, interests and why you want to be an OET. See a sample letter [here](#).
- Photo Album** - On a separate sheet, please affix four (4) personal photographs that best represent your personality. If you wish, include one photograph of family, friends, and/or your home community.
- Medical/Health Verification Form.** (Page 8 of the application)



• CULTURAL HOMESTAY INTERNATIONAL •

A NON-PROFIT EDUCATIONAL EXCHANGE PROGRAM

422 Larkfield Center #244, Santa Rosa, CA 95403

CHI OET Candidate Application

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GENERAL INFORMATION (name as it appears on your passport)

Last Name: _____
 First Name: _____ Middle Name: _____
 Age: _____ Male Female Date of Birth (mm/dd/yyyy): ____/____/____
 Passport Number: _____ Passport Expiration: (mm/dd/yyyy): ____/____/____
 Mailing address: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: ____/____/____
 Cell Phone: ____/____/____
 Email: _____
 How did you find out about the OET program? _____

EMERGENCY CONTACT

Last Name: _____ First Name: _____
 Relationship: _____ Telephone Number: ____/____/____
 Address: _____ City: _____ Country: _____
 Alternate emergency telephone contact: ____/____/____

AVAILABILITY

Requested departure date: ____/____/____ Requested return date: ____/____/____
mm dd yyyy mm dd yyyy
 Program Length: 1 Month: _____ 2 Months: _____ 3 Months: _____
 Note: I understand I may be given more than one family if I apply for a program over one month. Initial: _____

COUNTRY OF CHOICE

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____
 Preferred Cities: _____

BUDDY PROGRAM

Are you taking advantage of the Buddy Program? Yes No
 Name: _____ Phone: _____

EDUCATIONAL & PERSONAL BACKGROUND

- High School Attended
 Name: _____ Major: _____ Date of Graduation: _____
- College/University Attended or Attending: Are you currently a student? Yes No
 Name: _____ Major: _____
 Year of Study: 1 2 3 4 5-6 Graduate
 Languages spoken: _____
 How many years of foreign language studies? _____ Verbal skills: Fair Good Fluent

AGE GROUP EXPERIENCE

OET's should be willing to teach conversational English to any and all members of the host family.

Are you open to teaching all age groups? Yes No

If no, please explain: _____

Do you have any previous tutoring experience? Yes No

If yes, please explain: _____

What *experience* do you have with age groups (check all that apply)

2-5 years old 5-10 years old 10-14 years old Over 14 years old

Do you have a first aid certificate or special certification (e.g. lifeguard, teacher)? Yes No

If yes, describe: _____

EMPLOYMENT HISTORY

Give a brief summary of all the jobs that you have held with dates of employment and an explanation of duties:

1. Employer Name: _____ Dates of employment: _____

Address: _____ Telephone: _____

Position & Duties: _____ Supervisor's Name: _____

2. Employer Name: _____ Dates of employment: _____

Address: _____ Telephone: _____

Position & Duties: _____ Supervisor's Name: _____

3. Employer Name: _____ Dates of employment: _____

Address: _____ Telephone: _____

Position & Duties: _____ Supervisor's Name: _____

FAMILY BACKGROUND

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Siblings and Ages: _____

Religious Affiliation (Optional): _____

Describe your relationship with your parents: _____

Describe your relationship with your siblings: _____

QUESTIONNAIRE

Please answer the following questions honestly.

About yourself

1. Have you traveled outside the United States? Yes No
If yes, where, how long, purpose: _____
2. Have you lived away from home? Yes No If yes, how long: _____
3. Do you smoke? Yes No
If yes, you understand and agree to the Host Family's rule regarding smoking Yes No
4. Do you drink alcoholic beverages? Yes No
If yes, you understand and agree to the Host Family's rule regarding drinking Yes No
5. Do you have any fear of household pets? Yes No
If yes, please check: dog cat bird Other: _____
6. Do you have any allergies? Yes No
If yes, please describe: _____
7. Would you be willing to attend religious services with your host family? Yes No
8. Do you follow a special diet? Yes No
If yes, indicate: vegetarian Kosher Other: _____
9. What qualities do you value most in yourself? _____
10. What qualities do you value most in other people? _____

Your activities and hobbies

1. What do you usually do in your free time? _____
2. What activities/hobbies do you enjoy? _____
3. What sports, if any, do you enjoy? _____
4. What musical instrument, if any, do you play? _____
5. What kind of books do you enjoy reading? _____
6. What kind of music do you enjoy? _____
7. What kind of TV/movies do you enjoy? _____
8. Can you swim? Yes No Level: Beginner Intermediate Advanced
9. Describe other special talents, interests and honors: _____

Your reason for applying

1. Why do you want to participate in the OET program? (Select your top five reasons by indicating 1 as being the most important and 5 being the least important)
 like being around and playing with children
 become more fulfilled as a person
 meet new people
 learn more about the culture and traditions of the host country
 improve my foreign language skills
 the opportunity to take educational courses abroad
 share the culture & traditions of my country with my host family
 live abroad in a family environment
What qualities will make you a good OET: _____
2. What is your expectation of your Host Family and children? _____
3. What are your future goals when you return to your home country at the end of the OET program?



CHI OET Promise and Agreement

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I, _____, as a participant of the CHI OET Exchange Visitor Program, agree to perform all of my duties under the terms and conditions set forth in this Promise and Agreement.

A. Core Values. I promise to:

1. Perform my responsibilities for my host family and their children in a conscientious and professional manner with respect, courtesy, safety and commitment, as well as abide by the host family's rules.
2. Act with a level of maturity which is respectful of my host family's values.
3. Avoid behavior which may reflect negatively on my host family or CHI.
4. Obey all U.S. and in-country laws.
5. Actively participate in and contribute to the life of my host family with a positive attitude, including, but not limited to joining in family meals, holidays, and other cultural and social activities.
6. Cooperate fully with all representatives of the CHI OET program and understand if any dispute arises relative to program requirements, CHI and its partnering organization shall resolve said dispute, and its decision shall be final.
7. Participate in this Exchange Visitor Program with the intent to further my personal, educational and cultural enrichment.
8. Fulfill my agreement with my host family, CHI, and their in-country partner, to stay the entire length of the program as agreed upon before my departure from the U.S. or Canada. I promise not to leave the program early, but to leave the host family home on the departure date set forth before my arrival at my host family's home, unless all parties agree that I may leave earlier. I understand that if I am unhappy in my first host family's home, I am not to depart the program, but to notify CHI's in-country partner so they may work on my behalf to solve any problems or find me a second host family.
9. I promise not to ask my host family to host me past my pre-determined departure date. I understand that if I decide to stay in the country past my predetermined departure date, CHI, the in-country partner, and my host family will be released from any involvement in my stay. The date of this release of responsibility will be the predetermined departure date as agreed upon before my departure from the U.S. or Canada.

B. Prohibited Activities. During my participation in the CHI OET program, I will not under any circumstances:

1. Ask to borrow money from my host family or accept any offer from them to lend money to me.
2. Use illegal drugs or engage in the excessive use of alcohol.
3. Consume alcoholic beverages if I am under the legal drinking age.
4. Smoke in the host family home without permission.
5. Violate the terms jointly established in the Host Family/OET Agreement.
6. Engage in any form of sexual misconduct.

C. Terms and Conditions. I accept the terms of my OET responsibilities to:

1. Tutor my host family in conversational English:
 - a. Up to 15 hours per week
 - b. 5-6 days a week
 - c. Schedule to be determined by the host family's needs.
2. This is a volunteer position, and I will not receive payment for my services.
3. Tutoring duties may include, but are not limited to, playing games, helping children with their homework, outside activities. Host family may provide additional teaching materials or make specific requests.

4. Contact CHI's in-country partner organization regarding difficulties within the host family.
5. Ensure, in the event there is a baby less than three months old living in the home, a parent or other responsible adult shall be present in the home at all times, and that I shall not be the sole caregiver for that child at any time.
6. Communicate in advance with the host family regarding scheduling free time off.
7. Agree to promptly reimburse the host family for any and all personal expenses, incurred by me, including but not limited to, telephone bills, automobile expenses, travel expenses, etc.
8. Agree not to enter into any kind of contractual agreement, such as employment, marital or religious, during my visit in my host country.

D. Financial. I understand and accept the following conditions:

1. A deposit is due upon submission of the application.
2. The program fee is due upon the OET's acceptance of host family placement.
 - a. Participant has the option to reject host family placement, however a second family possibility cannot always be guaranteed. If a second host family cannot be found in your country of first choice, CHI may find a family from the country of your second or third choice.
 - b. If a second family cannot be found, CHI will refund the program fee minus the \$75 deposit immediately.
3. The deposit is non refundable unless CHI is unable to place you within two weeks of your desired departure date. In order for this to apply we must receive your application at least eight weeks before your requested departure.
4. No refund once the applicant has accepted the host family information.
5. No refunds will be issued for early departure, dismissal and/or any violation of program regulations, local, state and federal laws.

E. Transportation. I understand and accept the following conditions:

1. The OET is responsible for arranging and paying for domestic and international travel, and will communicate travel arrangements to CHI and the host family.
2. The OET is responsible for communicating with the host family and CHI regarding arrival and departure. All transportation costs are the responsibility of the OET.

F. Medical Insurance. I understand and accept the following conditions:

1. The OET must have travel/medical insurance before departure.
2. CHI will not be liable for any health or accident costs incurred by the OET.

G. Travel Visa. I understand and accept the following conditions:

1. Some countries may require the OET to obtain a travel visa.
2. It is the OET's responsibility to apply and pay for any necessary visa.
3. CHI will provide the OET with additional documentation upon request.

H. Program Bonus:

1. Buddy Bonus—Apply to our program with one or more friends and everyone who is accepted will receive \$50 off their program fee.
 - a. You must indicate the name of your buddy on the first page of your application.
 - b. Once all program fees have been paid by you and your buddy, you will each be given a \$50 refund.
 - c. You and your buddy do not need to travel to the same country, but you must depart within the same calendar month.
2. Past Participation Referral Bonus – If you refer a friend to our OET program and their application is approved, you will receive a \$50 referral bonus.
 - a. You are eligible for this referral bonus only after you've completed your OET program.

I. Grievance Procedure and Resolution. *Should significant problems occur, including but not limited to my health, safety or welfare and/or adjustment to the family, culture and language, I understand the following actions will take place and my responsibilities in such situations:*

1. The OET is to initially communicate and problem-solve by working toward a solution with the host family.
2. If the problem persists, the OET must notify CHI's partner organization of the situation. They will intervene and attempt to resolve the problem.
3. There must be a good faith effort on the part of the OET to make the initial placement work before any placement changes will be considered; further, any decision regarding a placement change is at CHI's partners discretion.
4. If the OET does not make a good faith effort to resolve the problems or misunderstandings, or if the OET violates any terms of this Agreement, CHI and its partner may in its sole discretion terminate the OET's participation in the program immediately.
5. If the OET does not successfully complete the agreed upon program length, the OET is responsible for their living accommodations and travel expenses.
6. If the OET's first placement is not successful, and CHI's partner determines and approves that the OET shall be placed in a new family, the OET agrees to cooperate with CHI's partner during the entire re-matching process. While CHI's partner is finding a replacement family the OET may be required to stay in local youth hotel at their own expense.

J. Medical Liability Release

I agree that CHI's partner, or its agents, can take any action whatsoever in regards to my health and safety without incurring any liability or expense. This may include, but is not limited to, my placement in a hospital, use of doctor/clinical services, and transportation to my home country at my expense.

K. Liability Release Agreement

In consideration of being accepted by the CHI OET program, I hereby release, forever discharge and agree to hold harmless, Cultural Homestay International (CHI), its overseas Partner organizations and/or affiliates thereof from any and all liability claims or demands for personal injury, sickness or death, as well as property damage and expense of any nature whatsoever which may be incurred by me that may occur during participation in the CHI OET program. I understand that by signing this Release, I fully and completely waive and relinquish all claims I may have against CHI, its employees, Partner organizations and affiliates thereof, and release them from any liability they may otherwise have toward me whether known to me or not.

L. Acknowledgement of Program Rules, Terms and Conditions

I declare that all information contained in this application packet is true and accurate. I have read this entire Agreement carefully, and I have had the opportunity to ask questions, obtain advice as to its meaning and understand it. I agree that I will perform my duties and responsibilities to the best of my ability. I understand that my CHI OET program terminates per the date indicated on my application. I agree to comply and abide by the rules, terms and conditions of this Agreement. I have retained a copy of this Agreement for my files and reference.

M. In the event CHI or I wish to file suit over any matter arising from the CHI OET Program, CHI and I agree that any lawsuit must be brought in the courts of Marin County, California, where CHI is headquartered, and the laws of California shall apply.

OET Signature Date: _____

OET (print)

CHI Representative Date: _____

OET CHARACTER REFERENCE



Please mail this form to CHI at 422 Larkfield Center #244, Santa Rosa, CA 95403 or return it to the OET applicant. If you have any additional comments, questions or concerns feel free to contact us at 1-800-559-2047.

Applicant's Name: _____

What is your connection with the applicant? _____

How long have you known the applicant? _____

PLEASE CHECK AND RANK THE APPLICABLE ITEMS BELOW RELATIVE TO YOUR KNOWLEDGE ABOUT THE APPLICANT:

	Superior	Excellent	Good	Fair	Low
Responsibility	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Maturity	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Communication skills	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Honesty	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Adaptability	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Work Habits	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Ability to cope with stress	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Ability to handle emergencies	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Interaction with co-workers/children	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Leadership ability	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Enthusiasm/Humor	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

Please describe the applicant's ability to relate to children from varying ages and backgrounds: _____

Are you aware of any circumstances in the applicant's background which would cause concern? _____

Please explain why the applicant is well-suited for the role of an Overseas English Tutor: _____

Name of individual giving reference: _____

(print)

Signature: _____ Date: _____

(name)

(title)

Company/Institution: _____

Address: _____

Telephone: _____ Email: _____



CHI OET Statement of Health

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Directions: Consult with your physician for accurate information.

Name of applicant: _____ Date of Birth (mm/dd/yyyy) ____/____/____

Gender of applicant: Male Female

HEALTH INSURANCE

Do you have health insurance? Yes No

Carrier Name: _____ ID or Group #: _____

Have you had any of the following? If yes, give date of illness and detailed information regarding any impairment in the space provided below.

	Yes	No		Yes	No
Chicken pox _____	<input type="checkbox"/>	<input type="checkbox"/>	Asthma* _____	<input type="checkbox"/>	<input type="checkbox"/>
Measles _____	<input type="checkbox"/>	<input type="checkbox"/>	Appendicitis _____	<input type="checkbox"/>	<input type="checkbox"/>
Mumps _____	<input type="checkbox"/>	<input type="checkbox"/>	Cough (persistent, recurring) _____	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever _____	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Mellitus _____	<input type="checkbox"/>	<input type="checkbox"/>
Rubella _____	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid abnormality (Struma) _____	<input type="checkbox"/>	<input type="checkbox"/>
Scarlet Fever _____	<input type="checkbox"/>	<input type="checkbox"/>	Headache (persistent, recurring) _____	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis _____	<input type="checkbox"/>	<input type="checkbox"/>	Hernia _____	<input type="checkbox"/>	<input type="checkbox"/>
Seizure Disorder _____	<input type="checkbox"/>	<input type="checkbox"/>	Learning or Speech Defect _____	<input type="checkbox"/>	<input type="checkbox"/>
Sleepwalking _____	<input type="checkbox"/>	<input type="checkbox"/>	Vertigo, Dizziness _____	<input type="checkbox"/>	<input type="checkbox"/>
Allergies* _____	<input type="checkbox"/>	<input type="checkbox"/>	Other (please indicate) _____	<input type="checkbox"/>	<input type="checkbox"/>

* If yes, please describe the allergy, allergen, medication sensitivity, symptoms, treatment, medications and expected future treatment.

Any disease, impairment or abnormality of any of the following:

Will you be using any prescription drugs / medication while abroad?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you ever been hospitalized?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you ever consulted a neurologist?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you ever consulted any other kind of specialist ?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, to any of the above, please describe:		

Applicant's Signature: _____ Date: _____