



# friendship force

DALLAS

## FRIENDSHIP FORCE DOMESTIC AMBASSADOR APPLICATION AND AGREEMENT

A Friendship Force Exchange offers an opportunity for people from different parts of the world to share their lives with each other in the spirit of friendship. The success of the experience depends on the extent to which participants can build friendships, exercise flexibility, adapt to unforeseen difficulties, and promote understanding.

The following information is needed to help Friendship Force International select Ambassadors who are representative of their community or region and are sincere global citizens in the service of Friendship Force's mission to make the world a friendlier, more peaceful place. In the event the applicant is not able to meet in person with the Exchange Director, you will be asked to provide references and other supporting documentation. Detailed information also helps us match Ambassadors with host families and activities of interest designed to make the exchange experience a more enriching opportunity for you. Each applicant must complete and sign the Application and Agreement. We appreciate your cooperation.

### AMBASSADOR INFORMATION

Last Name		First:	Middle:	Marital status:		
Is this your legal name: Yes___ No ___	If not, what is your legal name? (as shown on passport)			Birth date: (mm/dd/yr)	Age:	Gender:
Address:						
Home phone no:	Cell phone no:	E-mail:				
If traveling with someone else on this exchange, please complete below (each applicant should submit their own application).						
Name:		Relationship			Age	
Exchange number and/or Exchange name you are applying for:						

### AMBASSADOR PERSONAL HISTORY

Are you currently working? Yes___ No ___	Occupation (previous if retired):					
Have you ever participated in a home-stay (or similar) before? Yes___ No ___	If yes, were you a: (Host, Visitor, Both)?					
Are you a member of the Friendship Force? Yes___ No ___	If yes, which club?		If no, how did you hear about FF?			
Describe your interests and hobbies relative to the exchange destination or theme you are applying for:						
Do you smoke? Yes___ No ___	Do you mind if your host smokes inside the home? Yes___ No ___		Are you comfortable with pets living inside the hosts' home? Yes___ No ___			

## HEALTH AND MOBILITY

Participation in a Friendship Force home-stay may require a greater level of physical activity than an Ambassador is accustomed to, such as carrying luggage, climbing stairs, riding public transportation, and walking longer distances, among others. For more specific health and mobility requirement for this exchange, please ask the Exchange Director for the Health and Mobility Checklist from the host club.

Are you able to carry your own luggage up stairs, and/or over long periods of time by yourself? Yes ___ No ___	If no, please elaborate:		
Are you able to climb a flight of stairs several times a day if needed, without assistance? Yes ___ No ___	If no, please elaborate:		
Are you able to ride and navigate on public transportation easily, perhaps several times in a day? Yes ___ No ___	If no, please elaborate:		
In the past three years have you had any major health issue that would preclude you from carrying out active elements of a Friendship Force exchange? Yes ___ No ___	If yes, please elaborate:		
How would you describe your own day to day activity level at home, on your own?	Please select one: ___ Not very active ___ Active sometimes ___ Active every day ___ Very active		
Do you have any particular diet, health, medical or allergy issues that require special consideration?	If yes, specify (examples: vegetarian, allergy to penicillin or animals, high blood pressure). Ambassadors may be required to provide supporting medical documentation from their doctor to be accepted on the exchange.		
Please provide a reference that your Exchange Director or Friendship Force International may contact to verify your ability to participate fully in this exchange (preferably the last ED you traveled with):			
Name:	Phone No:	Email:	Relationship to you:
Name:	Phone No:	Email:	Relationship to you:

### EMERGENCY CONTACT INFORMATION

Person to contact in case of emergency:	Relationship:	Home phone:	Work/cell phone:	Email:
Name:				
Name:				

### STATEMENT OF PURPOSE

Friendship Force International considers each ambassador and each host to be a "Citizen Diplomat," whom we entrust as a person who is committed to improving international relationships through people-to-people diplomacy during and after the exchange. To help us and your Exchange Director evaluate your application, please write a brief personal goal that you wish to accomplish with this exchange experience. Please also describe how you will keep the personal and institutional relationships alive after you return home.

# **FRIENDSHIP FORCE INTERNATIONAL**

## **DOMESTIC EXCHANGE: AMBASSADOR APPLICATION AND AGREEMENT**

Friendship Force International was founded in 1977 with a single mission: to create an environment where personal friendships are established across the barriers that separate people. A nonprofit organization, Friendship Force International is active in more than 50 countries, promoting friendship and goodwill through an extensive program of homestay exchanges. In consideration of his/her selection, the person signing this Agreement ("Ambassador") agrees to the following:

1. The Program Fee entitles the Ambassador to participate in a specific exchange and covers only the items specified in the itinerary. The schedule of payment of Program Fees must be observed.
2. The Ambassador recognizes that connected with any travel there are risks of loss, damage, and injury to persons and property, and the Ambassador is willing to assume and bear those risks. The Ambassador also recognizes that he/she is responsible for failure to comply with any law of any country visited. Therefore, the Ambassador, in consideration of his/her selection by Friendship Force International, agrees to and does hereby release, indemnify, and hold harmless Friendship Force International (which shall include the directors, officers, and employees thereof, as well as its volunteer workers) from all claims, actions, and causes of action based upon or by reason of any loss, damage, or injury to the Ambassador's person or property, arising out of or in any manner connected with any aspect of the exchange program or by reason of the Ambassador's failure to comply with any law in any country in which he/she may travel in connection with the exchange program. Friendship Force International shall have no liability or obligation to return the Ambassador to his/her home community if the Ambassador should miss the return trip due to illness, injury, failure to report to the airport at the prescribed time, or for any other reason.
3. All Friendship Force Ambassadors are required to secure adequate medical insurance to cover emergencies during the exchange. No travel, health, or accident insurance is provided by Friendship Force International, although one may be recommended. This requirement can be fulfilled through the Ambassador's existing insurance policy or through a separate travel insurance policy. All travel will be subject to regulations and limitations contained in the ticket(s) issued to the Ambassador.
4. Any request for cancellation of this agreement must be made in writing to the local Exchange Committee and forwarded to Friendship Force International.
  - If an Ambassador cancels more than 60 days before departure, DDI will refund all FFI Ambassador fees and host club program fees already paid.
  - If an Ambassador cancels 60 days or less prior to departure, FFI has no obligation to refund the ambassador fee paid.
  - If FFI cancels an exchange, all FFI Ambassador fees and host club program fees paid will be returned to Ambassadors.
5. Friendship Force International may cancel this agreement if it is unsuccessful in establishing an exchange which satisfies the goals of Friendship Force International for any reason, including cancellation of or unacceptable changes to the airline arrangements or failure of the local committee to recruit the required number of Ambassadors. In such cases, all of the Program Fee will be refunded.
6. The Friendship Force Ambassador hereby agrees to follow the provisions stated above and a) to participate fully in the homestay, b) to pay the Program Fee when due, c) to accept the decision making authority of the Exchange Director during the exchange, and d) to accept that the exchange is a public event and that the photograph and name of the Ambassador may be used by the local and national media and Friendship Force International in its publications.
7. Upon acceptance of the Ambassador into the exchange program, this Agreement shall become effective and binding upon Friendship Force International and the Ambassador, and shall be governed by the laws of the state of Georgia, USA. No representations, or statements, whether oral or written, other than those contained herein, shall be binding on Friendship Force International. In the event the Ambassador fails to abide by any of the terms and conditions of this agreement, Friendship Force International may terminate this Agreement without any penalty or liability to Friendship Force International.
8. Upon acceptance of the Ambassador into the exchange program, this Agreement shall become effective and binding upon Friendship Force International and the Ambassador, and shall be governed by the laws of the state of Georgia, USA. No representations or statements, whether oral or written, other than those contained herein, shall be binding on Friendship Force International. In the event the Ambassador fails to abide by any of the terms and conditions of this agreement, Friendship Force International may terminate this Agreement without any penalty or liability to Friendship Force International.

**AMBASSADOR PLEDGE**

*My main objective as I join this exchange is for cultural understanding, global friendship building and to make the world a more peaceful place. My health is good enough to keep up with the group activities as planned in the initial itinerary and I state that my answers in the Health and Mobility section of this form are true and accurate.*

*As an Ambassador, I am aware that my actions reflect on myself as a citizen diplomat, and as a representative of Friendship Force and its mission, the country and community I come from and the club I am a member of. I promise to conduct myself in an exemplary manner.*

*I understand the Exchange Director of this exchange has been given authority by Friendship Force International headquarters to lead and conduct this exchange for the best interests of all parties concerned. The Exchange Director has the authority to remove any person from an exchange who is not in compliance with the goals of Friendship Force International.*

*In case there is a need to use hotels or other accommodations as auxiliary housing, or a need or desire on my part for a single room on the add-on part of the exchange, I will bear the expenses.*

*I have read the Ambassador Agreement provided with this Application and accept its terms.*

*I agree to have adequate medical insurance for the duration of the exchange.*

*I agree to release Friendship Force International, its agents, the exchange director, my host and any vendors who participate in this exchange from liability, loss or damages due to my medical situations, family emergencies or missed travel connections.*

*I verify that I am 18 years of age or older and have completed this application to the best of my knowledge and believe it is true.*

*I agree to be an Ambassador of goodwill to the club I am visiting and I agree to live in the home assigned to me as a gracious and considerate guest, knowing that the standards and customs of that home may be different from my own.*

<b>Signature of Ambassador</b>	<b>Date</b>	<b>Signature of Parent or Guardian</b>	<b>Date</b>
<b>If Ambassador is under 18 years old, both signatures are required.</b>			

**Ambassadors under 18 must travel with a parent or guardian. Ambassadors under 16 must be hosted together with a parent or guardian.**

**Name of guardian for youth under 18:** \_\_\_\_\_

If I am under 18, I am including a letter of responsibility by my guardian, parent or adult supervisor allowing me to take part in all activities of this exchange.