|  |
| --- |
| **Personal Information** |
| **Full Name:** |   |
| **Birth Date:** |   |
| **Gender:** |   |
| **Height:** |   |
| **Weight:** |   |
| **Ethnicity:** |   |
| **Religion:** |   |
| **Nationality:** |   |
| **Email:** |   |
| **How often do you check email:** |  |
| **Facebook:** |   |
| **Skype Account and Available Time:** |   |
| **Home Phone:** |  |
| **Mobile Phone:** |   |
|  **Home Address:** |   |
| **City:** |   |
|  **State/Province:** |  |
|  **Zip Code:** |   |
|  **Country:** |   |
| **Language Information** |
| **Mother Language:** |  |
| **Chinese Level:** |  |
| **Other Language:** | **Language1:**  |
| **Language 2**  |
| **Language 3:**  |
| **Others: Level:** |
| **Family Background** |  |
| **Do you have siblings?** **If yes, please introduce briefly** |   |
| **Your parents occupation** |   |
| **What language is spoken in****your family?** |   |
| **Program Information** |
| **Expected Program and its Duration:** |   |
| **Estimated Arrive Date:** |   |
| **Estimated Leave Date:** |   |
| **\*If applying for Family program How many children can you accept to look after:** |   |
| **Education Background** |
| **Degree** | **School Name** | **Start Date** | **End Date** | **Major** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Work Experience** |
| **Position Title** | **Responsibility** | **Start Date** | **End Date** | **Remarks** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Childcare Experience/Plan** |
| **Experience** |
| **Time Period** | **Responsibility** | **Age of kids** | **Hours per week** | **Remarks** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Childcare Plan** |
| **How will you teach the kids? And what method do you want to use?** |  |
| **What activities will you plan to** **interact with the kids?** |  |
| **Health Situation** |
| **Do you have any pre-existing** **medical conditions or disabilities?** |   |
| **If yes, please explain:** |  |
| **Do you have any allergies?** |   |
| **Do you have any physical or** **medical restrictions?** |   |
| **If yes, please list them** |  |
| **Do you take medications or** **drugs regularly?** |   |
| **If yes, Please list medications and conditions being treated** |  |
| **Have you ever needed treatment, counseling or hospitalization for a psychological or psychiatric** **condition?** |   |
| **If yes, please describe** |  |
| **Are you presently recovering from an injury or chronic diseases** **(HIV positive, Hepatitis etc)?** |   |
| **Additional Information** |
| **Do you smoke?****If yes, at home or not?** |   |
| **Have you ever been convicted of a felony or misdemeanor not including traffic violations?** |   |
| **Do you have dietary restrictions?****If so, please list them** |  |
| **Which city do you want to be** **Placed?**  |   |
| **Can you play some instruments?** **If yes, please describe**  |   |
| **Are you good at some sports?****If yes, please describe**  |   |
| **Do you have some certificate or** **diploma, such as Teaching** **certificate, First Aid, Coach or etc:** |   |
| **Do you like pets?****Can you live with pets?** |   |
| **What do you do now, study or** **Work? Please introduce generally** |   |
| **Other Requirements** |  |
| **The Letter to Your Future Host Family/Kindergarten/School** |
|  |
| **Attach Your Positive Photos (at least two or would be better more)** |
|  |

Send your Application form+ Video Motivation to fiohchinaprojects@gmail.com