

# **Sons of the American Revolution Reciprocal Youth Exchange Program**

## **Program Objectives:**

- Organize and facilitate exchange of children and grandchildren of the SAR Society in the United States and France,
- Encourage extensive cultural and personal experiences between members of both countries, and
- Foster lasting relationships among SAR members in both France and the United States.

## **Likely participants in this program:**

Children and grandchildren of SAR members in both France and the United States. Ages will vary from approximately 12 to 20 years old.

## **Summary of the reciprocal family exchange program:**

The exchange program coordinators will pair and connect a United States candidate with a French candidate with the objective of matching the hobbies of each prospective candidate with the desired location and mind-set described in the application. Both families may then contact each other and formalize the details of the exchange in a reciprocal spirit.

The exchanges will generally take place during summer holidays. In the United States, the exchange program may occur from mid-May to the end of August, while in France, the exchange program may occur from end of June to beginning of September. However, the exchange program is not restrictive solely to those time periods.

One candidate will travel to the other country and live at the participating family's home. A reciprocal visit will also be arranged to then have the initial host candidate travel back to the other candidate's family's home.

The availability of the two families dictates the exchange duration (from two weeks to one month). This can be during the same vacation period or later in the year or even the following calendar year.

The candidates will live with his or her host family as a family member. They will be fed, hosted, and share the daily life of the family. Travel expenses will be at the visiting candidate's own expense. All responsibility for the travel arrangements, costs, and liability of these exchanges rests with each candidate. The SAR will not be responsible for any expense whatsoever. The role of the SAR is to merely collect each candidate's interest and then identify and match each participant based upon common interests.

## **The application process:**

The interested candidate should file the application form found in this document. The extent of details relating to each candidate will help the coordinators better pair each participating candidate.

Each application should be E-Mailed to the respective United States and French program coordinators.  
U.S. Program Coordinators:

- Bradley T. Hayes, Esq.: E-Mail - bthayesesq@gmail.com; Telephone - (601) 870-9220 in New Orleans, LA, USA
- Pierre de Vasson: E-Mail - feytiat@hotmail.com; Telephone – (604) 561-9333, in Vancouver, BC, Canada

France Program Coordinator:

- Jacques de Brosses: E-Mail - jdesbrosses@free.fr; Telephone - 011 33 9 50 21 34 30 in Paris, France

Both French and United States candidates are encouraged to submit their respective applications as soon as possible. The annual deadline to submit your application is April 30 of the year in which the applicant wishes to participate in the exchange program.

## Permission for Medical Care and Release of Liability

We, the parents/legal guardians of the applicant, and the applicant, if of legal age, who have the sole and legal right to make the decisions on the health and care of the applicant, do release from liability and grant permission as noted of the following while our son/daughter/ward is overseas as a SAR Youth Exchange participant.

- In the event of accident or sickness, we/I authorize any SAR member, authorized chaperones of SAR, and/or host parent(s) of participant to select the appropriate medical facility and physician(s) to provide treatment.
- We/I give permission for any operation, administration of anesthetic or blood transfusion that a medical practitioner may deem necessary or advisable for the treatment of our son/daughter/ward.
- We/I further consent to any medical or surgical treatment by a licensed physician, surgeon, or dentist that might be required by our son/daughter/ward for any emergency situation. We do request that we be notified as soon as possible, but emergency treatment need not be delayed to provide such notice.
- In the case of elective surgery, we/I request that we/I be notified and our permission obtained before such arrangements are made.

We agree to hold harmless SAR, any SAR District, SAR Chapter, SAR member, SAR chaperone or host family for any intervention in an emergency situation regardless of the final outcome. We/I agree to assume all financial obligations beyond those covered by insurance for any medical treatment rendered.

Applicant's Name (Printed):	Signature:
Mother/Legal Guardian's Name (Printed):	Signature:
Father/Legal Guardian's Name (Printed):	Signature:
Witnessed in the presence of Sponsor SAR Chapter Representative (Printed):	Signature:
Date:	

## Alternate Emergency Contact in Home Country (Other than Applicant's Parent/Legal Guardian)

Name:	Relationship:
Address:	Country:
E-Mail Address:	Telephone:

## Rules and Conditions

As a Youth Exchange participant sponsored by SAR, you must agree to the following rules and conditions of this exchange program.

- 1.) You must obey all laws of the host country. If you are found guilty of violating any law, you can expect no assistance from SAR and will immediately be returned to your home at your own expense as soon as released by authorities.
- 2.) You are not allowed to possess or use illegal drugs. Only medicine prescribed to you by a licensed physician are permitted for your own personal use.
- 3.) You will be under the host district's authority while you are an exchange participant and must abide by the rules and conditions of the exchange program of France and the United States. Parents or legal guardians must not authorize any extra activities unless approved by the host participants. Any relatives you may have in the host country will have no authority over you while you are in the exchange program.
- 4.) You must have travel insurance that provides medical and dental coverage for accidental injury and illness with coverage from the time of departure from your home country until you return.

- 5.) You must have sufficient financial support to assure your well-being during your exchange. Your host district **may require** a contingency fund for emergency situations. Unused funds will be returned to your parents or legal guardians at the end of your exchange.
- 6.) You must follow the travel rules of your host family. Travel is permitted with host or properly authorized adult chaperones.
- 7.) You must return home directly by a route mutually agreeable to your host and your parents or legal guardians.
- 8.) Any costs related to an early return home or any other unusual costs (language tutoring, tours, etc.) are the sole responsibility of you and your parents or legal guardians.
- 9.) You should communicate with your host family, prior to leaving your home country. Each participant's family's information will be provided to you by the SAR Program Coordinators for the France and United States Youth Exchange Program prior to your departure.
- 10.) Visits by your parents or legal guardians, siblings, or friends while you are on exchange are strongly discouraged.
- 11.) Immediately contact your SAR Program Coordinators or any trusted adult if you encounter any form of abuse or harassment.

### **Recommendations for a Successful Exchange**

- 1.) When placed/matched with a host family, respect your host's wishes. Become an integral part of the family, assuming duties and responsibilities normal for an individual of your age.
- 2.) Please try to learn the language of your host country. Your guests and their friends will appreciate the effort. Learning the language, French or English, will assist you in gaining acceptance in the community and with those whom you will likely become lifelong friends.
- 3.) Choose friends in the community carefully. Request and heed the advice of your host family when developing relationships with other individuals with whom you may meet in the host country.
- 4.) Do not borrow money. Ask permission to use the phone or computer, keep track of all calls and time on the Internet, and reimburse any costs you may incur. Limit your use of the Internet and mobile phones. Excessive or inappropriate use is not acceptable in either the United States or France.
- 5.) If you are offered an opportunity to go on a trip or attend an event, make sure you understand any costs you must pay and your responsibilities before agreeing to participate.

# SAR Reciprocal Youth Exchange Program APPLICATION DOCUMENT

## Applicant and SAR Sponsor Information

Sponsoring U.S./French SAR Member Name:	Relationship to Applicant:
Sponsor Address:	SAR Society Information:
Sponsor Telephone:	Sponsor E-Mail Address:
Applicant's Full Name:	<div style="display: flex; justify-content: space-around;"> <span>Male</span> <span>Female</span> </div>
Applicant Address:	Applicant Telephone:
	Applicant E-Mail Address:
Applicant Date of Birth:	List any medications currently prescribed:
Applicant's Language Skills:    French    English  <div style="display: flex; justify-content: space-around;"> <div>None    Limited    Conversational    Fluent in French</div> <div>None    Limited    Conversational    Fluent in English</div> </div>	List any activities, sports, or hobbies:
Potential Dates for France/U.S. Visits:	Any of the applicant's specific interests which could assist in matching him or her with a host family:

## Parent/Legal Guardian Information

Father/Legal Guardian's Name:	Mother/Legal Guardian's Name:
Address:	Address:
Telephone:	Telephone:
E-Mail Address:	E-Mail Address:
Occupation:	Occupation:
Language Skills:    French    English <div style="display: flex; justify-content: space-around;"> <div>None    Limited    Conversational    Fluent in French</div> <div>None    Limited    Conversational    Fluent in English</div> </div>	Language Skills:    French    English <div style="display: flex; justify-content: space-around;"> <div>None    Limited    Conversational    Fluent in French</div> <div>None    Limited    Conversational    Fluent in English</div> </div>
Father's SAR Membership:    Yes    No Father's SAR Chapter Information:	

# **SAR Reciprocal Youth Exchange Program**

## **LETTERS AND PHOTO**

### **Applicant's Letter**

Write a letter of introduction to your future host family. Keep in mind that this will be their first impression of you. Incorporate your answers to the following questions in your letter, providing as much detail as possible.

- 1.) What do you do when you have free time?
- 2.) What do you do at your school? (How many subjects do you take? What are they? What is your favorite subject?)
- 3.) How would you describe your home? (Do you have your own room or do you share your room with others?)
- 4.) What are the occupations of your mother and father? (What products or service does each make or perform? What is her/his position or title?)
- 5.) How would you describe your community? (Is it in a rural area or in a major city? What is the population?)
- 6.) What are your interests and accomplishments? (Are you interested in art, literature, music, sports, and other activities? How did you become interested in the activity? How long have you been interested? How much time do you devote to the activity?)
- 7.) What trips have you taken outside your country?
- 8.) What things do you dislike? (Do you dislike certain foods, animals, treatment by other people, etc.?)
- 9.) What do you feel are your strong and weak characteristics?
- 10.) What are your plans and ambitions for your education and career?

**Include a recent photo of yourself with the letter. Attach the letter and photo to you application form.**

### **Parents' Letter**

Write a letter to your child's host family. Please include your answers to the following questions.

- 1.) How would you describe your child's relationship with you and your family? With his/her friends?
- 2.) How does your child react to disagreements, discipline and frustration?
- 3.) How does your child handle challenging or difficult situations?
- 4.) What amount of independence do you give to your child? What is your child's level of maturity?
- 5.) What makes you proud of your child?
- 6.) Why did you want your child to be part of this exchange?
- 7.) Are there any other comments you would like to share with the host family?

**Attach the letter to your child's application form.**

**SAR Reciprocal Youth Exchange Program  
DECLARATION**

IN CONSIDERATION of the acceptance and participation of the applicant in this program, the undersigned APPLICANT and his/her PARENTS or LEGAL GUARDIANS, to the full extent permitted by law, hereby release and agree to defend, hold harmless, and indemnify all host parents and members of their families, and all members, officers, directors, committee members, and employees of the host and sponsor of the SAR, from any or all liability for any loss, property damage, personal injury, or death, including any such liability that may arise out of any negligent act or omission, excepting gross negligence or intentional conduct, of any such persons or entities, which may be suffered or claimed by such applicant, parent, or guardian during, or as a result of, the participation by the applicant in such Youth Exchange Program, including travel to and from the host country.

As the undersigned applicant and undersigned parents or legal guardians of the applicant, we hereby state that we have read and understood the Youth Exchange Program and all rules and conditions stated herein. Should I, as a candidate, be selected for this exchange program, I agree to abide by these rules and others imposed on me with due notice during my time as an exchange candidate in the host country.

We hereby attest that we have read and understand this Youth Exchange Program and that we understand that the host families are also required to read and understand this document.

I attest that I am of good health and character, understand the importance of the role of a youth ambassador and as a SAR Youth Exchange Participant, I further state that all the material contained in this application are true and accurate to the best of my knowledge.

Applicant's Name (Printed):

Signature:

Mother/Legal Guardian's Name (Printed):

Signature:

Father/Legal Guardian's Name (Printed):

Signature:

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ Month, \_\_\_\_\_ Year.