Au Pair
Application Packet

Applicant Name: _____

Address: _____

Telephone number: _____ Email: _____

Age: _____ Infant Qualified? ☐ yes ☐ no Driver's License ☐ yes ☐ no

Last Available date: _____

Au Pair Foundation Internal Use Only

I.D. Number: _____ Au Pair Program: ☐ Infant Care ☐ Standard Care ☐ EduCare

Application Receive Date: _____ Approved by: _____

Date Security Deposit Paid: _____

SEVIS info: _____

_____

Notes: _____

_____

_____

7599 Redwood Blvd., Suite 200
Novato, CA 94945

Tel: 1-866-4-AuPair • 415-257-4783
Fax: 415-257-2207

e-mail: info@aupairfoundation.org
www.aupairfoundation.org

Au Pair Application Process

Congratulations on your selection of Au Pair Foundation!

The following materials have been prepared to help you "Put your best foot forward" to potential host families. Please complete them with care and attention to detail. Au Pair Foundation is designated by the United States Department of State to administer a J-1 Cultural Exchange Au Pair program. It is designed to give qualified candidates a quality cultural exchange experience. The regulations have been designed to protect the interests of both Au Pairs and host families. Please be truthful when answering the questions and spend time thinking about what kind of family you could be happy with when applying. It is important to convey these desires to your family.

By now, you should have already read a translated version of the Au Pair Pledge. If not, please consult your local agency and request one. It is important that you understand the program and its requirements before investing any time or money applying.

You will be working and caring for children for up to 45 hours a week. The responsibility is enormous and you must be mentally prepared for the challenge.

Are you ready to continue? Good, then please follow the outline below to get started.

Step One: Complete the application

1. Application: Your letter to the host family is very important. You will make your first impression, on potential families, with this letter. You are requested to make a photo collage. Choose photos of yourself with children. Avoid provocative looking photos which will give the family an incorrect impression of you. Also don't forget that four passport sized photos are required to complete the application. One will be used as your Au Pair ID card photo.
2. Request 2 childcare references from non family members. Have them fill out the forms in English if possible. You can photocopy the forms or have them fill them out in the packet. If not, your local agency will translate them. Remember, if you are to care for infants (Children 2 years of age and under) you must have at least 200 hours of infant care experience. Remember to include the names and ages of the children at the time you cared for them.
3. Request a Character Reference from someone who speaks well of your as a person and your achievements
4. Submitting additional references from friends and family members is perfectly acceptable and can help make a favorable impression, however they must be accompanied by the above references
5. Fill out page one of the "Au Pair Statement of Health Form" have a medical doctor fill out page two, sign and stamp it.

Step Two: Prepare the following documents

1. Contact your local issuing authority and request a Criminal background document which will verify you have no criminal record. The original must be submitted with the application
2. Make copies of your high school or university diplomas. Show the originals to the local agent.
3. Make a copy of your driver's license if you have one. Show the original to the local agent. It is a good idea to apply for an international driver's license if you have not done so already.
4. Make a copy of your immunization records. Show the original to the local agent.
5. Read and Sign the Au Pair Pledge. Make sure you have read a translated version.

Step Three: Submit your application to the local agent

Take the psychometric evaluation and undergo an Evaluation interview. Your application will be forwarded to our headquarters where it will be reviewed. If accepted, a mini profile will be uploaded on our website at: http://www.aupairfoundation.org/ap-available.htm
Pre-screened host families will review your profile and if interested, will contact our office to request a copy of your complete application. At least two telephone interviews are required before a match can be determined. Keep a copy of the Interview Helper on hand to assist you when they call.

Step Four: The match is made

Once a family decides on an applicant, they contact our Headquarter Office. We in turn contact your local agent and ask for your confirmation about the match. You can accept or deny a match request. If you deny a match you will be required to elaborate why on the Telephone interview helper. During the interview, it is very important that you be clear about your expectations.

Step Five: The Match is confirmed

Once you have decided to match with a family, you must pay a $400.00 Security Deposit. The deposit will be refunded to you in the 12th month of your contract.

Step Six: DS-2019 Form issued

Au Pair Foundation will enter the US Department of State SEVIS database and issue a DS-2019 form. This form will be sent to your local agency via international courier along with a complete Host Family application, insurance information and other important documents.

Step Seven: Schedule an interview the US Embassy for a J-1 Nonimmigrant Visa

Your local agent should assist you with this process. There is some paperwork required by the embassy along with an interview fee. Complete details are usually found at the embassy website.

Step Eight: Pay the $35 SEVIS I-901 fee. Consult local agent for instructions. Visit: www.ice.gov/graphics/sevis/i901 to apply on-line

Step Nine: The Embassy interview takes place and you are granted or denied the visa

If the visa is denied, your $400.00 deposit is refunded. If you are accepted, the agent will contact us immediately and we schedule your travel and training arrangements. You are mailed a complete itinerary as well as a Community Profile about the city where you will be living.

Au Pair Application Checklist

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A complete application consists of the following documents. Please make sure you have them all

- ☐ Completed Application form
- ☐ Character Reference
- ☐ Childcare Reference
- ☐ Childcare Reference
- ☐ Original Statement of Health Form signed by your physician
- ☐ Signed Au Pair Pledge
- ☐ 4 "passport size photos 3cm. wide by 3.5 cm tall
- ☐ Original Criminal Report
- ☐ Copies of School Diplomas (Show original to local agent)
- ☐ Copy of your Driver's License (Show original to local agent)
- ☐ Copy of your Passport (Show original to local agent)
- ☐ Copy of Immunization Records (Show Original to Agent)
- ☐ Keep a copy of the telephone interview form to fill out when a family calls to interview you.

Au Pair Application Form

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General Information
(name as it appears on your passport)

(3X3.5 cms. Photo)

In order of interest: ☐ **Infant Care Au Pair** ☐ **Standard Au Pair** ☐ **Educare Au Pair**

Family Name _____

First Name _____ Middle Name _____

Suffix _____ Date of birth (MM/DD/YYYY) ____/____/____

Gender ☐ male ☐ female City of birth _____

Country of birth _____ Country of citizenship _____

Country of Legal Permanent Residence: _____

e-mail address _____

Mailing Address _____

_____ City _____ Postal code _____

Passport

Passport Number _____ Passport Expiration Date ____/____/____

Driver License ☐ yes ☐ no if yes, when did you receive it? _____

First & Last Available Departure Date: First ____/____/____ Last ____/____/____

Nearest International Airport _____

Hours difference between home country and California · USA. _____

Best time in your home country to call _____

Telephone

Telephone (Country code: _____ City Code: _____)

Home number: _____ Work number: _____ Cellphone: _____

Highest level of Education Attained _____

Education and Professional Training _____

Languages Spoken _____

Current Profession _____

Emergency Info

Emergency information

Name _____

Relationship _____

Address _____

City _____ State _____ Country _____

Primary phone: _____ Secondary phone _____

Infant Care Qualified

I have 200 hours of documented Infant Care Experience.

☐ Yes ☐ No

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Childcare experience

Please list youngest child care experience first. **Make sure you list the age of the children at the time you cared for them.**

NOTE: The US Government requires that Au Pairs looking after children under the age of two (2) years must have at least 200 verifiable hours of experience and/or training with children less than two years of age. Many of our Host Families have children under the age of two. Please provide documentation of your experience or training to enable you to be placed as an "Infant Care Au Pair" with one of these families.

Age and name of child: _____

Dates from: _____ To: _____ Total hours of care: _____

Type of Child Care experience:

Baby-sitting ☐ **Daycare** ☐ **Youth Group** ☐ **Au Pair** ☐ **Tutoring** ☐ **Other** _____

How often: ☐ Daily ☐ Weekly ☐ Monthly

Responsabilities: ☐ Cooking/feeding ☐ Bathing ☐ Changing diapers ☐ Games ☐ Walking ☐ Other _____

Age and name of child: _____

Dates from: _____ To: _____ Total hours of care: _____

Type of Child Care experience:

Baby-sitting ☐ **Daycare** ☐ **Youth Group** ☐ **Au Pair** ☐ **Tutoring** ☐ **Other** _____

How often: ☐ Daily ☐ Weekly ☐ Monthly

Responsabilities: ☐ Cooking/feeding ☐ Bathing ☐ Changing diapers ☐ Games ☐ Walking ☐ Other _____

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Dates from: _____ To: _____ Total hours of care: _____

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Baby-sitting ☐ **Daycare** ☐ **Youth Group** ☐ **Au Pair** ☐ **Tutoring** ☐ **Other** _____

How often: ☐ Daily ☐ Weekly ☐ Monthly

Responsabilities: ☐ Cooking/feeding ☐ Bathing ☐ Changing diapers ☐ Games ☐ Walking ☐ Other _____

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How often: ☐ Daily ☐ Weekly ☐ Monthly

Responsabilities: ☐ Cooking/feeding ☐ Bathing ☐ Changing diapers ☐ Games ☐ Walking ☐ Other _____

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Age group experience & preferences

Experience with Age Groups (Check appropriate groups)

☐ 3-24 months ☐ 2-5 years ☐ 5-10 years ☐ Over 10 years

Special need experience? ☐ no ☐ yes _____

Describe any special need care experience: _____

_____

Preferred Age Groups (Check appropriate groups)

☐ 3-24 months ☐ 2-5 years ☐ 5-10 years ☐ Over 10 years

Will you care for children with special needs? ☐ yes ☐ no

Maximum number of children you will care for: ☐ 1 ☐ 2 ☐ 3 ☐ 4

Host Family Preferences

Au Pair Foundation will place you with a family suitable to your age, experience and background.

Host Family Preferences

If you **do not** wish to be placed with a family like the following, please mark it.

☐ Single parent family ☐ Family of different faith ☐ Family of a different race

☐ Same Sex Family ☐ Other _____

List interest, talents, school activities and honors: _____

_____

_____

Au Pair Hobbies

Please check the activities you practice or feel comfortable with:

☐ swim ☐ ski ☐ tennis ☐ basketball ☐ running ☐ trekking

☐ soccer ☐ fishing ☐ arts & crafts ☐ music ☐ dance ☐ cook

☐ other(s) _____

If you think you have other skills that a host family should know when reviewing your file, please list them here: _____

Would you like to be placed with a family that has pets? ☐ yes ☐ no

Do you have a first aid certificate or special certification? ☐ yes ☐ no

Other certification? : _____

Au Pair Family Background

Au Pair Family Background

Father's Name _____

Occupation _____

Mother's Name _____

Occupation _____

Address _____

City _____ Country _____

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Au Pair Family Information

Telephone Number _____ Cell Phone number _____

Number of Children _____

Place in birth order _____

Religious Affiliation _____ Attendance Frequency _____

Are they supportive of your decision to come to America? ☐ yes ☐ no

Au Pair Employment History
If you need more space, please continue on the back of this sheet.

Au Pair Employment History (don't list jobs already listed in the Experience section)

Present occupation _____

Employer _____

(Dates of employment) from: _____ to: _____

Address _____ Telephone _____

Prior occupation _____

Employer _____

(Dates of employment) from: _____ to: _____

Address _____ Telephone _____

Survey

Please answer the following questions truthfully by indicating yes or no

Do you get homesick?	☐ yes	☐ no
Have you lived away from home?	☐ yes	☐ no
Have you lived out of the country?	☐ yes	☐ no
Have you taken illegal drugs?	☐ yes	☐ no
Do you drink alcoholic beverages?	☐ yes	☐ no
Do you smoke?	☐ yes	☐ no
Do you have racial prejudices?	☐ yes	☐ no
Do you have any traffic tickets?	☐ yes	☐ no
Have you been in a traffic accident?	☐ yes	☐ no
Are you currently in a steady relationship?	☐ yes	☐ no
Have you ever been married?	☐ yes	☐ no
Do you have a criminal record?	☐ yes	☐ no
Do you have any financial commitments?	☐ yes	☐ no
Do you have any physical or mental limitations?	☐ yes	☐ no
Are you currently taking any medication?	☐ yes	☐ no

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Survey

Do you have any medical conditions requiring treatment? ☐ yes ☐ no

Do you have any allergies? ☐ yes ☐ no

Do you have any dietary restrictions? ☐ yes ☐ no

Are you a vegetarian? ☐ yes ☐ no

If you are vegetarian,

Can you cook or be placed with a family who eats meat ☐ yes ☐ no

Are you willing to sign a non-smoking declaration? ☐ yes ☐ no

Please give a brief explanation to any items for which you answered yes

_____

_____

_____

_____

_____

What are the reasons why you want to be an Au Pair? _____

_____

_____

_____

_____

What are your plans following your year as an Au Pair? _____

_____

_____

_____

_____

How will being an Au Pair positively affect your future endeavors? _____

_____

_____

_____

_____

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Applicant letter

Paste a passport size photo of your self here.

Remember to smile.

Please use the following space to write a letter to your future host family. In the letter, describe yourself, your hobbies and interests, your reasons for wanting to be an Au Pair in the US and your plans for the future. Please keep in mind that this letter will give prospective host families a first impression of you. They will decide to call you and possibly host you based on what is written in your letter. This is your opportunity to tell host families how great you are.

Name: _____ Date: _____

Use the other side, if you need more space.

Signature: _____

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Photo Essay

Please use the following space to attach a photo essay. Notice that the pictures will not be returned to you, therefore we encourage you to use copies of your originals.

Description: _____

Description: _____

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Au Pair Child Care Reference Form

a. Please fill out this form in English if possible
b. Provide as many additional references as possible.
c. Please ask each employer to fill in a separate form.
d. Please type or write clearly on this form using black ink.
e. Remember you can NOT use family members as primary references; however they can be used as supporting references.
f. You must have at least two primary references

Name

Name of applicant _____

How long have you known the applicant? _____

Relationship to applicant (friend, neighbor, etc.)? _____

Child Care Experience

As a prerequisite to care for children less than two years of age, the applicant must document a minimum of 200 hours of experience with children under age two. Please estimate the number of hours the applicant cared for all of your children.

Age and name of child: _____

Dates from: _____ To: _____ Total hours of care: _____

Type of Child Care experience:

Baby-sitting ☐ **Daycare** ☐ **Youth Group** ☐ **Au Pair** ☐ **Tutoring** ☐ **Other** _____

How often: ☐ Daily ☐ Weekly ☐ Monthly

☐ Responsibilities: ☐ Cooking/feeding ☐ Bathing ☐ Changing diapers

☐ Games ☐ Walking ☐ Other _____

Age and name of child: _____

Dates from: _____ To: _____ Total hours of care: _____

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Applicant Personality

Describe the applicant personality _____

_____

_____

_____

_____

_____

Recommendation

Would you recommend this applicant for placement as an au pair in the United States? (Please elaborate) _____

_____

_____

_____

_____

_____

Additional comments

Any additional comments? _____

_____

_____

_____

_____

Name of employer

Name of employer _____

Street address _____

City State _____ Postal code _____ Country _____

Telephone _____ Best time to call _____

Date _____/_____/_____ Signature _____

For office use only Reference Verification:

Verified by (print name): _____

Date _____ Signature _____

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f. You must have at least two primary references

Name

Name of applicant _____

How long have you known the applicant? _____

Relationship to applicant (friend, neighbor, etc.)? _____

Child Care Experience

As a prerequisite to care for children less than two years of age, the applicant must document a minimum of 200 hours of experience with children under age two. Please estimate the number of hours the applicant cared for all of your children.

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How often: ☐ Daily ☐ Weekly ☐ Monthly

☐ Responsibilities: ☐ Cooking/feeding ☐ Bathing ☐ Changing diapers

☐ Games ☐ Walking ☐ Other _____

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Responsabilities: ☐ Cooking/feeding ☐ Bathing ☐ Changing diapers

☐ Games ☐ Walking ☐ Other _____

Age and name of child: _____

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Type of Child Care experience:

Baby-sitting ☐ **Daycare** ☐ **Youth Group** ☐ **Au Pair** ☐ **Tutoring** ☐ **Other** _____

How often: ☐ Daily ☐ Weekly ☐ Monthly

Responsabilities: ☐ Cooking/feeding ☐ Bathing ☐ Changing diapers

☐ Games ☐ Walking ☐ Other _____

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Applicant Personality

Describe the applicant personality _____

_____

_____

_____

_____

_____

Recommendation

Would you recommend this applicant for placement as an au pair in the United States? (Please elaborate) _____

_____

_____

_____

_____

_____

Additional comments

Any additional comments? _____

_____

_____

_____

_____

Name of employer

Name of employer _____

Street address _____

City State _____ Postal code _____ Country _____

Telephone _____ Best time to call _____

Date _____/_____/_____ Signature _____

For office use only Reference Verification:

Verified by (print name): _____

Date _____ Signature _____

Au Pair Character Reference Form

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Reference

a. All references must be translated into English using this form with the original attached.

b. Provide as many additional references as possible.

c. Please ask each employer to fill out a separate form.

d. Please type or write clearly on this form using **black** ink.

e. Remember you can NOT use family members as primary references; however they can be used as supporting references.

f. You must have at least two primary references

Name of Au Pair applicant _____

How long have you known the applicant? _____

Relationship to applicant? ☐ Friend ☐ Neighbor ☐ Other _____

Please indicate the applicant's ability in the following areas

Communication skills	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ Don't know
Reliability	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ Don't know
Work quality	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ Don't know
Maturity	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ Don't know
Friendliness	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ Don't know
Manners	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ Don't know
Attitude	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ Don't know
Grooming	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ Don't know
Ability to handle stress	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ Don't know
Ability to handle emergencies	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ Don't know
Ability to work with others	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ Don't know
Ability to relate to children	☐ Excellent	☐ Good	☐ Fair	☐ Poor	☐ Don't know

Please indicate any strengths and or weaknesses of the applicant: _____

_____

_____

_____

_____

Please describe the applicant's personality: _____

_____

_____

_____

_____

Name of person completing this form: _____

Street address _____

City/State/Country _____

Postal code _____ Telephone _____ Best time to call _____

Date _____ Signature _____

For office use only Reference Verification:

Verified by (print name): _____

Date _____ Signature _____

Au Pair Statement of Health Form

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Part A

To be completed by the applicant

Applicant Name _____

Alternate (Emergency Contact) _____

First name _____ Last Name _____

Street Address _____ City _____

State/Country _____ Postal Code _____

Home Phone _____ Work Phone _____

Date of birth ____/____/____ Relationship to applicant _____

Gender ☐ Male ☐ Female Height _____ Weight _____

A. Are you covered by additional insurance other than that provided by Au Pair Foundation?

☐ Yes ☐ No (If yes, please describe) _____

B. Have you ever had?

☐ Tuberculosis	☐ Mumps	☐ Rheumatic fever	☐ Ulcers	☐ Dizziness / fainting
☐ Asthma	☐ Chicken pox	☐ Anorexia	☐ Gall bladder	☐ Venereal disease
☐ Diabetes	☐ Glandular fever	☐ Bulimia	☐ Depression	☐ Other
☐ Kidney disease	☐ Malaria	☐ Measles	☐ Allergies	_____
☐ Heart disease	☐ Eye problems	☐ Anemia	☐ German measles	_____
☐ Arthritis	☐ Ear infection	☐ Pregnancy	☐ Menstrual problems	_____
☐ Scarlet fever	☐ Headaches	☐ Miscarriage	☐ Epilepsy / convulsion	_____

If you answer yes to any of the above please give details including dates if possible

Details * _____ Date _____

C. Have you ever undergone surgery? ☐ yes ☐ no

Please give full details with date

Details* _____ Date _____

D. Is your physical activity restricted in any way? ☐ yes ☐ no

E. Have you ever received treatment for nervous or emotional problems? ☐ yes ☐ no

F. Have you ever been treated by a psychiatrist? ☐ yes ☐ no

G. Are you currently taking any medications? ☐ yes ☐ no

H. Do you have any habits that affect your health? ☐ yes ☐ no

☐ Alcohol ☐ Cigarettes ☐ Drugs _____ Other _____

I. Do you take oral contraceptives? ☐ yes ☐ no

J. Do you have any chronic or recurring illness? ☐ yes ☐ no

K. Have you ever been tested for AIDS? ☐ yes ☐ no

If yes, have you ever been diagnosed HIV positive? ☐ yes ☐ no

If you have answered yes to any of the above please give full details indicating the names of any medication

Details* _____ Medication Name _____

_____ _____

_____ _____

* (if you need more space explaining details, please use the back of the page)

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Part B

To be completed by the Physician

As an Au Pair, the applicant will be living for an extended period of time in the home of a family with young children. It is therefore important that we are advised of any physical or mental health issues that may have a bearing on the applicant's ability to participate

A. Please review the information provided by the applicant on the other page.

B. Please indicate whether the applicant has been immunized against the following:

Tetanus ☐ Yes ☐ No Date ___/___/___ Polio ☐ Yes ☐ No Date ___/___/___

Diphtheria ☐ Yes ☐ No Date ___/___/___ Measles ☐ Yes ☐ No Date ___/___/___

Typhoid ☐ Yes ☐ No Date ___/___/___ Mumps ☐ Yes ☐ No Date ___/___/___

Tuberculosis ☐ Yes ☐ No Date ___/___/___ Whopping Cough ☐ Yes ☐ No Date ___/___/___

Have you received a BCG vaccine? ☐ Yes ☐ No Date ___/___/___

C. Are there any abnormalities of the following system?

Gastrointestinal ☐ Yes ☐ No

Skin ☐ Yes ☐ No

Metabolic ☐ Yes ☐ No

Eyes ☐ Yes ☐ No

Musculoskeletal ☐ Yes ☐ No

Neuropsychiatric ☐ Yes ☐ No

Genitourinary ☐ Yes ☐ No

Other ☐ Yes ☐ No (if yes):

If you have answered yes to any of the above, please give details if possible* _____

_____

D. Is the applicant currently or recently been treated / counseled for a nervous condition, depression or emotional disorder ☐ Yes ☐ No

E. If yes, please explain* _____

_____

F. Is there, in your opinion , any condition either physical or emotional which an American family might want to take into account when reaching a decision to have the applicant live in their home an care for their small children for one year ☐ Yes ☐ No

If yes, please explain* _____

_____

G. How long have you treated this patient? _____

Comments* _____

_____

Name of doctor _____

Address _____

Telephone _____

Date ___/___/___ **Signature** _____

For office use only • Medical Verification:

Verified by (print name): _____

Date _____ Signature _____

* (if you need more space explaining details, please use the back of the page)

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Section 1

Please do not mark on this sheet

Psychometric Evaluation

All questions should be marked on the answer sheet as Never, Sometimes, Frequently, or Always.

1. Do you feel that you are being followed?
2. Do you feel that you are being watched?
3. Do you feel that the TV or radio gives you secret messages?
4. Do you feel that anyone or something is controlling your mind?
5. Have you ever heard voices outside your head when no one was talking to you?
6. Have you ever had a very long period in which you had difficulty organizing your thoughts?
7. Have you experienced a depressed mood that lasted most of the week?
8. Have you had diminished (lessened) pleasure or interest in almost all activities?
9. Have you had significant (a lot of) weight loss or weight gain without changing your diet?
10. Do you have problems with sleeping (too much or too little)?
11. Have you experienced severe restlessness (nervousness)?
12. Have you been excessively (very) tired for no reason?
13. Have you had a loss of energy?
14. Have you had difficulty with concentration (focusing)?
15. Have you had problems with memory?
16. Do you often think about death?
17. Are you excessively (overly) talkative?
18. Do you have thoughts racing in your head?
19. Do you have an unusual amount of energy?
20. Do you have mood swings?
21. Do you have severe anxiety and worry?
22. Do you easily get tired or fatigued (running out of energy)?
23. Does your mind go blank?
24. Do you have fear of closed spaces (claustrophobia)?
25. Do you have muscle tension?
26. Do you have a rapid heartbeat?
27. Do you have a pounding heart?
28. Do you have excessive (surplus) sweating?
29. Do you have trembling or shaking?
30. Do you have a feeling of choking?
31. Do you have shortness of breath, chest pains, or a feeling of nausea?
32. Do you discomfort?
33. Do you abdominal distress?
34. Do you have dizziness or lightheadedness?
35. Do you have a fear of losing control and going crazy?
36. Have you suddenly had an unexplained fear of death?
37. Do you have a fear of crowds?
38. Do you have a fear of social gatherings?
39. Do you have a fear of open spaces?
40. Do you have a fear of heights?

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Section 1

Please do not mark on this sheet

41. Do you have a fear of flying in airplanes?
42. Do you have excessive (a lot of) shyness?
43. Do you have repetitive thoughts that you cannot get out of your mind?
44. Do you have a feeling that the world is unreal?
45. Do you have an urge to set fires?
46. Do you have an all bad or all good attitude towards others?
47. Do you have a terrible fear of being abandoned (left) or rejected?
48. Do you repeatedly (many times) question yourself: "Who am I?"
49. Are you impulsive (for example, in driving, spending money, eating)?
50. Are you severely irritable?
51. Do you have temper tantrums (angry fits)?
52. Do you have fits of rage (anger)?
53. Do you have an urge to race motorcycles or cars?
54. Do you have an urge to drink alcohol or use drugs?
55. Do you have difficulty listening?
56. Do you have difficulty organizing daily tasks (work)?
57. Do you have a feeling of being constantly emotional?
58. Are you hyperactive (too active)?
59. Are you impatient?
60. Do you have difficulty waiting your turn?
61. Do you have to stand up often when you sit in a classroom?
62. Do you have difficulty playing or engaging in (participating in) leisure activities?
63. Do you interrupt others constantly when you speak?
64. Are you easily distracted?
65. Do you have an urge to be cruel to animals?
66. Do you have an urge to destroy the property of others?
67. Do you have difficulty in obeying rules?
68. Do you have a tendency to intimidate (frighten) others?
69. Do you have a tendency to initiate physical fights?
70. Do you often lose your temper?
71. Do you argue with others for no reason?
72. Do you deliberately annoy others?
73. Do you blame others for your own mistakes?
74. Do you like to break into someone's house, building or car?
75. Are you often angry or resentful?
76. Do you have recurring (repeated) memories of events, which you cannot get out of your mind?
77. Do you have severe nightmares (bad dreams)?
78. Do you eat large amounts of food in a short period of time?
79. Do you have a lack of control over eating?
80. Do you get sick (vomit) after eating in order not to gain weight?
81. Do you use laxatives, diuretics, enemas, diet pills, or exercise a lot in order not to gain weight?
82. Do you feel that you are too fat?

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Section 2

Following are a series of situational questions. Read each question and select the response you consider to be the most appropriate. You are to mark your answers on the answer sheet. Be sure that the number of the question agrees with the number on the answer sheet.

Psychometric Evaluation

1) What is your opinion about disciplining?

a) Spanking is sometimes acceptable.
b) As an Au Pair spanking is never acceptable.
c) Corporal (bodily) punishment should be applied if the parents agree to it.
d) Verbal disciplining is rarely effective.

2) As an Au Pair you are stranded (stuck) at home with the children in a severe snowstorm. The winds are blowing very strongly, the electricity is out and the telephones are not working. The parents are stuck in traffic and are unable to return home in time. However, the heating in the house is working, and you have enough food. Which of the following would be the most appropriate (best) course of action?

a) Contact a neighbor to stay with the children, and then go out find the parents.
b) Stay at home, provide food for the children, be calm and supportive, and wait for the parents.
c) Put the children to sleep and go out alone to buy additional food for worsening weather conditions.
d) Dress the children in warm clothes and go out with them in the family car to buy additional food for worsening weather conditions.

3) You are with the children at home. The parents have called to say they will be late. The children are nervous and have started crying. There is little food in the house. The children are asking for food and drinks. Which is the most appropriate (best) choice?

a) Let the children cry and wait for the parents since they are not going to be more than one hour late.
b) Give the children some food, calm them down and wait for the parents.
c) Take the children with you to buy more food even though the children are crying loudly.
d) Leave the children at home, go out and buy food, and return as soon as possible.

4) You are at home caring for a three-year-old who has discipline problems. The girl tends to have crying spells (cry a lot) and temper tantrums (angry fits). At times she refuses to listen to you at all. One day while you are in the bathroom, the girl manages to break your favorite compact disc. When you come out of the bathroom, you feel angry. What would you do?

a) Calm down first, talk to the child as calmly as possible and then talk to the parents about the incident.
b) Go to the toy box and break one of the child's toys.
c) Slap the child first, then stay away from the child, and later make up with the girl.
d) Don't talk to the child anymore and just go to the parents to complain.

5) Slapping may be:

a) Harsh but sometimes very effective.
b) Never appropriate to administer as an Au Pair.
c) Appropriate when parents consent to corporal (bodily) punishment.
d) The most commonly used form of discipline in the United States.

6) You are in a theater during a performance (show). You are sitting in the back row of the room. Suddenly you smell smoke and you see dark smoke coming from what seems to be a service exit. What would be your first reaction?

a) Run out of the theater.
b) Scream "fire" frantically and run towards the exit.
c) Ignore the smoke and don't disturb the audience.
d) Quickly alert the theatre employees so that they can assist that audience in proper evacuation procedures and take yourself and companions to a safe place outside.

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Section 2

Please do not mark on this sheet

7) You have just arrived at the home of your new host family. Two middle-aged parents have a 9-year-old boy and an 11-year-old boy. You soon find out that the two children are ill-behaved (not well behaved) and have no table manners. You discuss this issue with the parents who don't seem to care much for your suggestions. What would you do next?

a) Check out some table manners books for children from the library and make a game of telling the children about other options of behaving during meals.
b) Ignore the entire issue.
c) Organize a family meeting and insist that the family use manners that are appropriate in your country.
d) Do not comment but refuse to eat with the family.

8) You have just arrived at the home of a new host family. You find out that the family shares fundamental Christian values and demands that prayers are said three times a day. Even though you were raised in another Christian denomination, they refer only to their denomination as "Christian." What should you do?

a) Deal with the religious issues from the beginning and make it clear that the fundamentalists are "late" comers to Christianity.
b) Inform the family that it is time to move on from their backwards religious attitude.
c) Teach the children that there are more liberal religions.
d) As long as you are being treated fairly and with respect you would avoid any dispute (argument) about religious issues.

9) You are playing outside with a five-year-old child, when he is stung by a bee. He suddenly develops severe swelling at the site of the sting, a faint generalized rash (spots on skin), weakness, and difficulty breathing. What would you do?

a) Calm the child, apply a cold pack and continue playing.
b) Call an ambulance.
c) Take the child yourself to a nearby hospital.
d) Wait and see what happens.

Which of the following apply to you in order of priority?

a) = 1st priority (most important) b) = 2nd priority c) = 3rd priority (least important)

10. Interest in childcare
11. Change in life
12. Moving away from home

Please match the following words with the appropriate response

13. infant	**A. Police**
14 . pneumonia	**B. Lifeguard**
15. speed limit	**C. Diapers**
16. blizzard	**D. Infection**
17. drowning	**E. Snowed in**

Au Pair Psychometric Evaluation Answer Sheet

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Section 1

Applicant Name: _____

Date: _____

Mark only one per question

1	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
2	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
3	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
4	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
5	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
6	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
7	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
8	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
9	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
10	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
11	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
12	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
13	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
14	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
15	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
16	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
17	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
18	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
19	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
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21	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
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24	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
25	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
26	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
27	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
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37	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
38	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
39	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
40	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
41	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
42	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
43	☐ Never	☐ Sometimes	☐ Frequently	☐ Always

Au Pair Psychometric Evaluation Answer Sheet

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Section 1 Continued

44	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
45	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
46	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
47	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
48	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
49	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
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53	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
54	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
55	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
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76	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
77	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
78	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
79	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
80	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
81	☐ Never	☐ Sometimes	☐ Frequently	☐ Always
82	☐ Never	☐ Sometimes	☐ Frequently	☐ Always

Section 2

Mark only one per question

1	☐ a	☐ b	☐ c	☐ d	**7**	☐ a	☐ b	☐ c	☐ d	**13**	☐ a	☐ b	☐ c	☐ d	
2	☐ a	☐ b	☐ c	☐ d	**8**	☐ a	☐ b	☐ c	☐ d	**14**	☐ a	☐ b	☐ c	☐ d	
3	☐ a	☐ b	☐ c	☐ d	**9**	☐ a	☐ b	☐ c	☐ d	**15**	☐ a	☐ b	☐ c	☐ d	
4	☐ a	☐ b	☐ c	☐ d	**10**	☐ a	☐ b	☐ c		**16**	☐ a	☐ b	☐ c	☐ d	
5	☐ a	☐ b	☐ c	☐ d	**11**	☐ a	☐ b	☐ c		**17**	☐ a	☐ b	☐ c	☐ d	☐ e
6	☐ a	☐ b	☐ c	☐ d	**12**	☐ a	☐ b	☐ c							

Au Pair Pledge

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I, _____ , as a participant of the Au Pair Foundation Exchange Visitor program, as a(n) _____ Au Pair, agree to perform all of my duties under the terms and conditions set out in this Au Pair Pledge.

A. Basic Principle – I Promise To:

1. Carry out my responsibilities in child care for my host family's child(ren) in a conscientious and alert manner with respect, courtesy, safety and commitment.
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 Au Pair Foundation.
4. Obey all U.S. Federal, State and local laws
5. Actively participate in and contribute to the life of my host family with a positive attitude, as if I were a member of the family, and join in family meals, holidays and other cultural and social activities.
6. Enroll in and attend at least six (6) semester hours or the equivalent, at an accredited post-secondary educational institution.
7. Abide by all regulations and instructions of the U.S. Department of State concerning the Au Pair Foundation Exchange Visitor Program .
8. Cooperate fully with all representatives of the Au Pair Foundation Program, and comply with any instructions they may give me.

B. Forbidden Activities. During my one year Au Pair Foundation Program stay in the U.S., I will not under any circumstances:

1. Accept any form of paid employment other than for my duties as an Au Pair with my host family from whom I will receive a weekly stipend according to current U.S. Government regulations.
2. Ask to borrow money from my host family or accept any offer from them to lend money to me.
3. Use illegal drugs or engage in the excessive use of alcohol during my stay.
4. Consume alcoholic beverages if I am under the U.S. legal drinking age of 21 years old.
5. Smoke in the home of my host family without permission
6. Violate the terms jointly established in the Host Family Au Pair Agreement.

C. Basic Duties

As an Au Pair Foundation participant, I accept the terms of my agreement responsibilities to provide up to _____ hours per week contained within five and a half days of a given week of child care and light housekeeping, in accordance with arrangements I will determine with my host family and an Au Pair Foundation representative. I understand that my host family reserves the right to include in my child-care duties and I agree to perform:

1. Supervision of my host family's child(ren), including, but not limited to: watching them for safety purposes, playing with them, and reading to them for pleasure and in assistance of schoolwork.
2. Remaining in the home with the child(ren) during any times of illness that would prevent them from attending school or during school holidays and closures.
3. Remaining in the home with the child(ren) should the parents be away during the evening hours or overnight.

Educare Au Pairs provide a maximum of 30 hours/week. Infant Care & Standard Care Au Pairs provide a maximum of 45 hours/week.

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D. Additional Responsibilities

In addition to the terms of my Au Pair responsibilities, I understand that I have certain responsibilities toward my host family as a whole, and I agree to:

1. Maintain my bedroom in a clean and orderly fashion.
2. Contribute to the cleanliness of the shared areas of my host family's home, including but not limited to areas such as bathrooms, living rooms, kitchens, etc.
3. Openly communicate in advance with my host family regarding the scheduling of my free hours and two weeks (14) days vacation
4. Promptly reimburse my host family for any and all expenses they may incur on behalf of my personal needs such as telephone bills, etc.
5. Transport the child(ren) to and from school, lessons, playgroups, medical appointments and errands, if required.
6. Prepare some meals for the child(ren) and clean up afterwards.
7. Assist in the upkeep of the child(ren)'s rooms, toys and other belongings, bed, and laundry.
8. Respect the curfew and house rules regarding guests.
9. If given access to the family car, consider it's use a privilege, and respect my host family's guidelines for appropriate use of the car(s). I understand that I will not be covered under my host family's auto insurance should I use a car that is not owned and insured by my host family. I also understand that I am liable for up to a $250.00 deductible of my host family's insurance for any injury to the car that occurs when it is under my control.
10. Submit my return travel form within 30 days from the date it is e-mailed to me. Should I neglect to send it to Au Pair Foundation's headquarters within above stated 30 days, I understand I will forfeit my full deposit.

E. Enrichment Expectations

I attest that I have chosen to enter into the Au Pair Foundation Program of my own free will, and I have done so with the intent of personal, educational and cultural enrichment, and I agree to:

1. Complete 6 semester units in a pre-approved post secondary educational institution and maintain records of completion of these units for home country officials upon return to my country.
2. Pay for my educational expenses that exceed the $500.00 financial assistance provided by my host family.
3. Return to my home country at the end of my stay on or before the termination date of my visa and will not attempt to return subsequently to the United States without a valid and current U.S. visa.

F. Pledge of Commitment and Cooperation

In exchange for Au Pair Foundation accepting me for the Au Pair Program, I solemnly pledge to:

1. Present myself honestly in all correspondence and documentation with the Au Pair Foundation and all representatives for Au Pair Foundation as well as my host family.
2. Accept whatever host family location Au Pair Foundation may arrange for me in any area in the U.S.
3. Attend all required orientations, training and supervision meetings as well as complete periodic program evaluations and training materials.

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Au Pair Foundation ®

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4. Complete all visa requirements as instructed, and be responsible for obtaining a valid passport.
5. Comply with all vaccination and immunization requirements, undergo a thorough medical examination and provide all information requested on the Au Pair Foundation medical form.
6. Pay a refundable deposit fee of $400.00 and a non refundable application fee of $100.00 prior to my arrival in the U.S.
7. Forfeit my deposit fee and application fee for a total of $500.00 if I choose not to participate in the program after I have accepted a host family placement.
8. Be present in sufficient time for transportation provided or arranged by Au Pair Foundation. I understand that Au Pair Foundation is not under any obligation to provide alternative transportation, except in the case of illness or accident in accordance with the group insurance policy.
9. Make arrangements and pay for my transportation to and from my home country airport prior to my departure to the U.S. and upon my return to my home country.
10. Make arrangements and pay for my transportation from my host family's home to the U.S. international airport at the end of my program year.

G. Miscellaneous Obligations

1. If I choose to travel during my vacation time within the one-year program term, I will inform my Community Representative and Au Pair Foundation Headquarters. If I travel outside of the U.S. during the one year program term, it is my responsibility to contact the appropriate country's embassy to determine if a visa is required for my entry into that country, and I will submit my DS-2019 form to the Au Pair Foundation headquarters office at least three weeks prior to my travel in order for the Au Pair Foundation office to return the DS-2019 form prior to my departure date.
2. I understand that I must return to my home country no later than 30 days after the last day of their one-year program term (date indicated on my DS-2019 form) The J-1 visa allows for this 30 day grace period for exchange visitors to return to their home country. During this 30 day grace period the host family is not required to host the Au Pair nor are they required to pay your weekly stipend amount.
3. I understand that I must confirm my return travel arrangement in writing with the Au Pair Foundation Headquarters office two months prior to my departure.
4. I understand that medical insurance provided by Au Pair Foundation is valid for 365 days from my arrival in the U.S.
5. I understand that I am responsible for financing my own medical insurance coverage for the 13th month if I choose to remain in the United States for the one month (30 days) grace period.
6. I understand that I am responsible for any applicable airline surcharges or fees resulting from changing my travel itinerary.
7. I understand that should I choose to terminate my participation with the Au Pair Foundation Program prior to the end of my one year program term, I am bound to surrender my visa to the Au Pair Foundation and must give at least two weeks notice to my host family and the Au Pair Foundation which will result in the forfeiture of my deposit.
8. If I choose not to be placed with another family, I will forfeit my deposit fee.
9. I understand that if I commit any violation of this pledge and agreement, I may be financially responsible for any monetary penalties incurred as a result of my conduct.

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H. Grievance Procedure

I understand the Au Pair Foundation grievance policy states that if I am unhappy with any situation or event, the first step is to tell my host family. If the problem persists, I will advise my Community Representative verbally or in writing. If the problem continues, I will advise the Au Pair Foundation headquarters in writing.

I. Miscellaneous Representations

1. I promise that the information I have given on the Au Pair Foundation application form, which was completed by me, is truthful and accurate.
2. I understand that Au Pair Foundation, its affiliates, agency and employees will act on my behalf in arranging certain transportation and other services for me during my participation in the Au Pair program. I understand that none of them will be under any liability to me for any loss, damage, personal injury, delay or expense suffered or incurred by my resulting from any act or omission of any carrier, any member of the host family or any other corporate or non-corporate entity in relation to transportation to and from, and within the U.S.
3. I realize there is a possibility that my program may end prior to my one-year term. Whether the early termination of a placement is due to the failure of the host family or me, I agree to cooperate fully with the Au Pair Foundation in moving to a new host family. In the event that a new family cannot be secured after a reasonable period of time, I realize I may be sent home, which may result in a forfeit of my deposit.
4. I am fully aware that my failure to abide by any of the guidelines and rules stated in this agreement or the guideline set out in the Au Pair Foundation orientation rules and regulations regarding the conduct of Au Pairs will be grounds for my dismissal from the program, and I will be subject to immediate return to my home country and will be responsible for reimbursing Au Pair Foundation for the international airfare fee of $800.00 and other applicable surcharges as well as the forfeiture of my application, deposit fees and visa.
5. I further agree that Au Pair Foundation or its affiliates or agents may, without liability or expense to themselves, take whatever action they deem appropriate with regard to my health and safety and may place me in a hospital for medical services and treatment, or if no hospital is readily available may place me in the hands of a local medical doctor for treatment.
6. I authorize the Au Pair Foundation to post my photograph and profile on the internet for the purpose of matching me with a qualified host family.
7. I certify that I have never obtained a J-1 Exchange Visitor visa for the purpose of participating in an Au Pair cultural exchange program.
8. It is agreed that U.S. law shall apply to this agreement, and I agree to submit to the jurisdiction of the State of California courts. I have read this entire agreement carefully and I have had the opportunity to ask questions, obtain advice as to its meanings, and I understand it. I am capable of reading and understanding this agreement in English.

AP INITIALS

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www.aupairfoundation.org

J. Program Termination

1. I understand that if I stay in the United States beyond the 30 day grace period from the date issued on my DS-2019 form (i.e. deliberately miss my plane connection or choose to stay in country without taking the proper steps) I will suffer the following consequences:

   (A) Au Pair Foundation will file for a termination of the DS-2019 which means the Au Pair is officially an illegal alien.

   (B) All visa violations are reported to the Homeland Security Department and are entered into their systems; thus if a person applies for a drivers license or credit card or is checked by customs/immigration at an airport, by a police department or other places they will be reported as being an illegal alien.

   (C) Once apprehended, the non-returnees will be placed in a detention center until they can be returned to their home country. If they do not have the funds to pay the ticket, they will remain in detention until a family member can provide the funds for the return airfare. They are also deported back to the U.S. Embassy in their home country. Once back in their native country, non-returnees are denied the opportunity to recieve a visa to the United States ever again. The same may reflect on their family members.

2. Au Pair Foundation reserves the right to terminate my participating in this program if I should violate any program rules and/or if my mental and/or physical health, as determined solely by the Au Pair Foundation, is in jeopardy. All of the proceeding violations constitute a breach of this agreement and pledge with the Au Pair Foundation and may subject me to a forfeiture of any deposits, application fees or a requirement that I reimburse host families for international airfare cost incurred.

I have read and understand all of the terms set forth in the above agreement.

Name: _____

Dated: _____ Signature: _____

Witness: _____

AP INITIALS

Au Pair Interview Helper

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Keep a copy of this form and a pen with you at all times during the application process. Host families have been given your preferred calling hours but they could call at any time due to their work schedules. When you get a call be yourself and get as much information as you can about the family to assist you in making an informed decision.

You must return this form to your local agent at the time of matching.

Date of call _____ Time _____

Name of Host family _____

Mother's Name _____ Father's Name _____

Children names and ages _____

_____

_____

Duties Required _____

_____

Host family location: _____

State _____ City _____

Family interests _____

_____

Pets ☐ yes ☐ no What kind: _____

Climate of area _____

Local Colleges _____

Other important questions _____

_____

_____

Date of call _____ Time _____

Name of Host family _____

Mother's Name _____ Father's Name _____

Children names and ages _____

_____

_____

Duties Required _____

_____

Host family location: _____

State _____ City _____

Family interests _____

_____

Pets ☐ yes ☐ no What kind: _____

Climate of area _____

Local Colleges _____

Other important questions _____

_____

_____

Partner
Au Pair Application Packet

Partner Name: _____

Address: _____

Contact Name: _____ Email: _____

Applicant Name: _____

Age: _____ Infant Qualified? ☐yes ☐no

Au Pair Foundation Internal Use Only

I.D. Number: _____ Au Pair Program: ☐Infant Care ☐Standard Care ☐EduCare

Application Receive Date: _____ Approved by: _____

Date Security Deposit Paid: _____

SEVIS info: _____

_____

Match History

Family Name: _____ Address: _____

Family Name: _____ Address: _____

Notes: _____

_____

_____

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Fax: 415-257-2207

e-mail: info@aupairfoundation.org
www.aupairfoundation.org

Partner Application Checklist

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Program Preference

In order of interest: ☐ **Infant Care Au Pair** ☐ **Standard Au Pair** ☐ **Educare Au Pair**

Applicant Information

Family Name _____

First Name _____ Middle Name _____

Suffix _____ Date of birth (MM/DD/YYYY) ____/____/____

Gender ☐ male ☐ female City of birth _____

Country of birth _____ Country of citizenship _____

Current profession: _____

e-mail address _____

Mailing Address _____

_____ City _____ Postal code _____

Number of hours difference between home country and USA Pacific Standard Time (California): _____

Home Phone (country code+city code+number): ____+____+_____

Cellular Phone(country code+city code+number): ____+____+_____

Availability

What is the first day the applicant is available to enter the U.S. to begin the year? (MM/DD/YYYY)

Last day available: ____/____/____ Exit Airport _____

Certified Nanny ☐ yes ☐ no Driver License ☐ yes ☐ no _____

Smoker ☐ yes ☐ no Infant Care Qualified ☐ yes ☐ no

Copy of English Exam Results ☐ yes ☐ no Weekly Stipend _____

Experience, Hobbies, Talents and Interests

_____

Key Qualities and Characteristics

_____

Comments

_____

English Proficiency

English Proficiency

☐ 3-4 ☐ 5-6
☐ 7-8 ☐ 9-10
☐ Native

Childcare Chart

Childcare Age Group

Experience	Preference
☐ Under 2	☐
☐ 2-5	☐
☐ 5-10	☐
☐ Over 10	☐

Program Requirements

- ☐ Original Application Form
- ☐ Photos(2 Digital, 2 Passport)
- ☐ Letter to Host Family
- ☐ Original Picture Collage
- ☐ Original Statement of Health
- ☐ Original Criminal Report
- ☐ Verified Childcare Reference 1
- ☐ Verified Childcare Reference 2
- ☐ Character Reference
- ☐ School Diploma/Certificates
- ☐ Psychometric Evaluation
- ☐ Copy of Driver's License
- ☐ Copy of Passport
- ☐ Copy of Security Deposit Paid Form
- ☐ Partner Au Pair Evaluation
- ☐ SLEP Test Results
- ☐ Copy of Inmunization Records
- ☐ Translated & Signed Au Pair Pledge
- ☐ Au Pair Pledge English Signed
- ☐ **Documentation of 200 hrs. of Infant Childcare experience** (< 2 years old)

Overseas Partner

☐ I recommend this applicant for participation in the Au Pair Foundation program

Overseas Partner (Print Name) _____

Title _____

Date: _____ Signature: _____

Internal Use Only

Date received _____ Program begin date _____ AP ID number _____

Partner
Au Pair
Evaluation
Report

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This interview should last approximately one half an hour. Applicants will be working closely with children and families and a high level of English is required in order to communicate effectively. **This interview must be conducted in English by a fluent English speaker.** The interviewee is not allowed to translate or assist the applicant.

Family Name _____ First Name _____

Date of interview _____

1. What are the reasons why the applicant wants to participate in the au pair program?

_____

_____

_____

2. What does the applicant think will be the most challenging aspects of the program and why?

_____

_____

_____

3. What are the applicant's plans following the year as an au pair?

_____

_____

_____

4. How will this experience contribute to the applicant's long term plans?

_____

_____

_____

Physical Well Being

1. Please describe the applicant's physical appearance and attitude.

_____

_____

_____

2. What kind of food does the applicant prefer?

_____

_____

3. What kind of exercise does the applicant do on a regular basis?

_____

_____

Family Information

Where did the applicant grow up?

_____

List the applicant's brother(s) and/or sister(s) name(s) and age(s)

_____

_____

_____

How often does the applicant see his/her relatives?

_____

_____

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When, where and for how long has the applicant spent time away from home?

How was the applicant disciplined for bad behavior as a child?

Is the applicant willing to be placed with a family with different religious beliefs? ☐ Yes ☐ No

If so how will they adapt?

What special skills or talents does the applicant have that may be of interest to a host family?

What does the applicant consider to be the most important skills for a child care provider?

Situational Responses

How would the applicant respond to the following?

a) Two children are fighting over a toy.....

b) The Au Pair believes the children are poorly disciplined and the family does nothing when he/she tells them....

c) The children are exhibiting aggressive behavior to others.....

d) The au pair discovers the host family's eating habits are unhealthy....

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Education

What is the highest level of education the applicant has completed?

_____

What classes did the Au Pair like the most in school?

_____

Has the applicant completed formal English courses? If so describe.

_____

How would you rate the English language proficiency of the applicant on a scale of 1 to 10 with 10 being the highest? _____

Work Experience

List other jobs the applicant has had.

_____

Any volunteer work?

_____

Any childcare experience not listed on the application?

_____

Any experience with children with special needs?

_____

Interviewer Evaluation (Please rate the following)

Appearance	☐ Poor	☐ Fair	☐ Good	☐ Excellent
Self confidence	☐ Poor	☐ Fair	☐ Good	☐ Excellent
Communication Skills	☐ Poor	☐ Fair	☐ Good	☐ Excellent
Attitude	☐ Poor	☐ Fair	☐ Good	☐ Excellent
Willingness to adapt	☐ Poor	☐ Fair	☐ Good	☐ Excellent
	☐ Poor	☐ Fair	☐ Good	☐ Excellent

Why will the applicant make a good au pair?

_____

☐ I certify this applicant is conversationally fluent in English.

Overseas Partner (Print Name) _____

Title _____

Date: _____/_____/_____ Signature: _____

Pre-Departure Orientation Form

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Fax: 415-257-2207
www.aupairfoundation.org

Date of Orientation: _____

Au Pair Name: _____

Host Family Name: _____

Company Name: _____

Orientation Officer Name: _____

Please initial to confirm you have been briefed on the topics below:

- _____ Role of Au Pair Foundation
- _____ Au Pair Arrival Itinerary
- _____ Au Pair & Host Family Responsibilities
- _____ The Adjustment Cycle
- _____ Educational Component
- _____ Au Pair Taxes
- _____ AVI Insurance
- _____ Conflict Resolution
- _____ Program Renewal Policy
- _____ Au Pair Departure and Travel Requirements
- _____ Au Pair Breech of Contract Consequences
- _____ Visa Overstay Consequences
- _____ Grievance Policy
- _____ Pre-Departure Project

I certify that I have received a pre-departure orientation. I understand that I am required to have at least 200 dollars in cash to cover expenses during the training. I also acknowledge that the insurance I received does not cover dental expenses.

_____

Au Pair Signature

_____

Overseas Partner Representative Signature and stamp