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Office of the  
President

**American Intercultural  
Student Exchange**  
A non-profit tax exempt educational Foundation

## AREA REPRESENTATIVE APPLICATION AND AGREEMENT

### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
Last First Middle

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell/Pager: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

Spouse's name \_\_\_\_\_

Names and ages of children \_\_\_\_\_

Foreign languages spoken \_\_\_\_\_

In case of emergency, please give us the name and telephone number of someone who can reach you:

\_\_\_\_\_

Have you Hosted an Exchange Student? \_\_\_\_\_

### WORK INFORMATION

Do you work? \_\_\_\_\_ If yes, can you be contacted at work? \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Describe nature of work? \_\_\_\_\_

Business Address \_\_\_\_\_

Hours at work \_\_\_\_\_ When is best time to reach you? \_\_\_\_\_

Spouses Employer \_\_\_\_\_

Business Address \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

## AISE Area Representative Agreement

As an Area Representative, I understand that I am responsible for the following:

- The recruitment, screening and interviewing host families for exchange students.
- Contacting the schools in my area to be sure they accept foreign exchange students.
- Contacting the school in my area once a host family has chosen a student, and obtaining written permission for the student to attend and maintaining sufficient contact with the school as required by them throughout the year.
- Supervision of the students in my area, for the entire duration of their stay.
- Hosting or arranging 3 parties or get-togethers for my students per school year.
- Contacting my assigned students and host parents once a month independently of each other and completing detailed monthly contact forms for each student; I understand that these forms must be mailed or submitted to the National Office by the end of each month.
- Giving support and advice to students and host families throughout the year to ensure a satisfactory student/family adjustment.
- Helping resolve any problems that may arise concerning one of my students.
- Making arrangements to relocate any of my students if necessary, and informing my State Coordinator of any changes in an AISE student placement.
- Taking any of my assigned students into my home, at any time, for temporary counseling, or while in the process of relocating the student to a new host family, or finding a family in the local area where the student may stay temporarily until a new permanent family is found.
- If one of my assigned students must change host families, I understand that it is my responsibility to find a new family, and move the student.
- Reporting all significant problems to my State Coordinator: Any violations of laws or AISE rules and regulations must be reported both by telephone and in writing.
- Promoting the AISE program in my assigned area to my fullest ability.

Please indicate your acceptance of the terms of this agreement by signing on the designated line below and returning to AISE

\_\_\_\_\_  
Area Representative's Signature

\_\_\_\_\_  
Name (Please print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Telephone

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_