



For Cultural Care office use only			
Group arrival:	Au Pair reference number	Regional Manager	
Gateway:	Infant:	Max # of children:	Embassy city/visa application:

## Matching Sheet

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
As written in passport As written in passport

### To be completed by the Au Pair

- When is your ideal departure date (DD/MM/YYYY)? \_\_\_\_\_
- Would you consider leaving earlier if we find you a suitable host family?  Yes  No If no, why not? \_\_\_\_\_
- Are you planning a holiday/vacation before you leave?  Yes  No  
 If yes, please indicate when and where we can reach you while you are away: \_\_\_\_\_
- Your civil status:  Unmarried  Married  Divorced  Other \_\_\_\_\_ Do you have children?  Yes  No
- If unmarried, do you have a boy/girlfriend?  Yes  No If yes, how will you deal with being apart for an entire year? \_\_\_\_\_
- Would you accept living in a family of a different religion than yours?  Yes  No Comments: \_\_\_\_\_
- Would you accept living in a family of a different race?  Yes  No Comments: \_\_\_\_\_
- Would you accept living with a  single mother or a  single father Comments: \_\_\_\_\_
- We do occasionally get host families who are same sex couples. Would you consider living with one?  Yes any  Yes, female couples only  
 No  Yes, male couples only
- Please indicate the age range you are willing to consider in a host family (choose one):

#### Ages:

- \*0 months and older
- \*12 months and older
- 2 years and older
- 4 years and older
- 8 years and older

*\* Note: To care for children under 2 years, you must have 200 hours of experience caring for children under 2 years.*

Comments: \_\_\_\_\_

- Do you already have a host family in the USA?  Yes  No If yes, please specify: Family: \_\_\_\_\_ State: \_\_\_\_\_  
 Contact information: \_\_\_\_\_
- Do you have any professional experience and/or educational degree in childhood education or health?  Yes  No  
 If Yes, please describe: \_\_\_\_\_
- Have you ever been convicted of a crime?  Yes  No If Yes, for what and when: \_\_\_\_\_
- Have you ever been an au pair in the USA on a J-1 visa before?  Yes  No Comments: \_\_\_\_\_
- Do you or your parents hold U.S. Citizenship?  Yes  No Comment: \_\_\_\_\_  
 Other comments (Please add any other information that is important/useful when matching you): \_\_\_\_\_

*I hereby certify that all of the information provided to Cultural Care (registered business name of International Care, Ltd.) in this application is true and complete.*

Au Pair signature \_\_\_\_\_

Date (month/date/year) \_\_\_\_\_

### To be completed by interviewer

Overall English level: \_\_\_\_\_. List total number of child care hours you have verified \_\_\_\_\_. List number of infant qualified hours you have verified \_\_\_\_\_.

interviewer name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date (month/date/year) \_\_\_\_\_

Comments: \_\_\_\_\_

- Special requests (NOTE! Special requests may delay the departure): \_\_\_\_\_
- Please indicate the importance of the request:  Extremely important  Preference but not necessary

Comments (Please add any other information that is important/useful when matching the au pair, e.g. special skills and interests that the au pair may have, etc): \_\_\_\_\_

# Application Form



Please type or write neatly in black ink. This application will be presented to potential host families.

## Au Pair Applicant

1. First name: \_\_\_\_\_  
As written in passport

Last name: \_\_\_\_\_  
As written in passport

Street: \_\_\_\_\_

Postal code: \_\_\_\_\_ City: \_\_\_\_\_

Country: \_\_\_\_\_ Passport number: \_\_\_\_\_

*If renewing your passport before your departure, please leave blank.  
**If you do not have a passport, please apply for one immediately.***

2. Home phone number: 011 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Other phone number: 011 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Country code Area Code Local number Country code Area Code Local number

Mobile Phone: 011 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Which phone is easiest to reach you on?  Home  Mobile  Other  
Country code Area Code Local number

When is the best time for a host family to phone you (your time zone)? \_\_\_\_\_

E-mail address (please print clearly): \_\_\_\_\_

How often do you check this email address?  Daily  Weekly  Rarely

3. Birth date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Sex:  Female  Male

City of birth (as in passport): \_\_\_\_\_ Country of birth: \_\_\_\_\_

Home country: \_\_\_\_\_ Nationality/citizenship: \_\_\_\_\_

### Family Information

4. Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home phone: 011 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home phone: 011 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mobile phone: 011 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile phone: 011 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. Siblings (list name, sex and year of birth): \_\_\_\_\_

6. What language is spoken in your home? \_\_\_\_\_

7. What other languages do you speak? \_\_\_\_\_

### Educational and Work Experience

8. What is your current occupation?  Secondary student  University student  Employed as \_\_\_\_\_  Other: \_\_\_\_\_

9. What month and year did you or will you finish your secondary/high school education? \_\_\_\_\_

10. If you have attended university, what month and year did you or will you finish university? \_\_\_\_\_

10a. If you are enrolled in university, what year are you enrolled in currently? \_\_\_\_\_  
 What are you studying? \_\_\_\_\_

11. What would you like to do when you return from the USA? \_\_\_\_\_

12. Please describe your experience with household duties (cooking, cleaning, etc.): \_\_\_\_\_

13. Please describe any work experience/practical training other than childcare that you have had. Start with the most recent.

1) What did you do? \_\_\_\_\_ When (from/to)? \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Updates from Office Staff (office use only): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Driving**

14. • When did you start practicing to drive? Month \_\_\_\_\_ Year \_\_\_\_\_ How often? \_\_\_\_\_
- When did you get your drivers license: Month \_\_\_\_\_ Year \_\_\_\_\_  I do not have a driver's license yet, I plan to take it in \_\_\_\_\_
- Approximately how many times per week do you drive? \_\_\_\_\_
- What access do you have to a car? (e.g. use family car, have my own car, etc.) \_\_\_\_\_
- Is your driving experience with a car with:  Automatic transmission  Stickshift (standard) transmission  Both
- Where do you usually drive? (e.g. on city streets, in a village, on highways, busy roads etc.) \_\_\_\_\_
- Do you have experience driving in snow or icy conditions?  Yes  No Comments: \_\_\_\_\_
- Would you feel comfortable driving with children in the car?  Yes  No Comments: \_\_\_\_\_
- Are you willing to drive in the USA as an au pair?  Yes  No Comments: \_\_\_\_\_
- Have you ever been in a car accident in which you were at fault?  Yes  No Comments: \_\_\_\_\_

**Personal information**

15. Do you smoke?  Yes  No  Occasional/social smoker If yes, or occasional/social smoker, how often? \_\_\_\_\_
- If you do smoke, can you agree not to smoke in your host family's home and whenever responsible for and with the children?  Yes  No
16. Can you live with pets?  Yes  No If no, what pets are you not able to live with? \_\_\_\_\_
- Comments: \_\_\_\_\_
17. Do you have any tattoos or piercings?  Yes  No If yes, please describe and include photo: \_\_\_\_\_
18. What is your religion? \_\_\_\_\_  Non-denominational (e.g. no specific church)
- Do you attend religious services?  Weekly  Monthly  Occasionally  Special holidays  Never
19. Please check off if you have had or have any of the following:  allergies  chronic health conditions  epilepsy  physical disabilities
- eating disorder  depression  seen a psychiatrist  contagious disease If yes, please attach an explanation
- Could these or any other health condition affect your duties as an au pair?  Yes  No If yes, please attach an explanation
20. Do you follow a special diet (vegetarian, food allergies etc.)?  Yes  No If yes, please list: \_\_\_\_\_
21. Would you consider living with a host family that followed a special diet (e.g. vegetarian, kosher)?  Yes  No
22. Have you ever been away from home for longer than 2 months?  Yes  No If yes, how long? \_\_\_\_\_
- Where did you go? \_\_\_\_\_

**Interests and Hobbies**

23. Please describe any interest and experience in the following areas, and how often you participate in them:
- |  |   |
|--|---|
| <p><b>Sports</b> (e.g. swimming, soccer, basketball, skiing, jogging etc.)</p> <p>Sample: <u>basketball once a week</u></p> <p>_____</p> <p>_____</p> <p>_____</p> | <p><b>Arts/Entertainment</b> (e.g. museums, movies, theatre, reading, ballet, dancing, sightseeing etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p><b>Music/Instruments</b> (e.g. listen to music, play an instrument such as piano, guitar etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p>                       | <p><b>Creative activities</b> (e.g. photography, drawing, handicrafts, writings, arts etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p>              |
| <p><b>Outdoorsy activities</b> (e.g. hiking, camping, biking, sailing etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p>   | <p><b>Other</b> (e.g. computers, cooking, travel, meeting friends etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p>                                  |
24. Please describe any other activities or interests you participate in and enjoy:
- \_\_\_\_\_
- \_\_\_\_\_
25. Do you swim?  Yes  No Please rate:  Strong  Good  Weak  I would like to learn
- Would you feel comfortable being responsible for children while they are in a pool or on the beach?  Yes  No
- Comments: \_\_\_\_\_

**Childcare information**

26a. Please describe in detail, all of your childcare experiences and what your responsibilities were with the children. Start with your most significant experience. If you worked in a group setting (such as daycare center, playgroups etc.), please indicate the number of children in the group and the age range. You do not need to list the children separately

**1. Type of childcare:** \_\_\_\_\_ **Reference name:** \_\_\_\_\_

I cared for children on my own  I shared responsibility

**Information about the children:**

**When and how often did you take care of these children?**

Name of the children:	Sex (M/F):	Age started (year and months):	Age stopped/ongoing:	Started (month/year or dates): _____ month ____ year Ended (month/year or dates): _____ month ____ year Average number of days per month? _____ days Average number of hours per day? _____ hours Were any of these children under the age of 2? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours did you care for them? _____ hours
_____				
_____				
_____				
_____				
_____				

Please describe your duties and responsibilities while you cared for the children listed above: \_\_\_\_\_

**2. Type of childcare:** \_\_\_\_\_ **Reference name:** \_\_\_\_\_

I cared for children on my own  I shared responsibility

**Information about the children:**

**When and how often did you take care of these children?**

Name of the children:	Sex (M/F):	Age started (year and months):	Age stopped/ongoing:	Started (month/year or dates): _____ month ____ year Ended (month/year or dates): _____ month ____ year Average number of days per month? _____ days Average number of hours per day? _____ hours Were any of these children under the age of 2? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours did you care for them? _____ hours
_____				
_____				
_____				
_____				
_____				

Please describe your duties and responsibilities while you cared for the children listed above: \_\_\_\_\_

**3. Type of childcare:** \_\_\_\_\_ **Reference name:** \_\_\_\_\_

I cared for children on my own  I shared responsibility

**Information about the children:**

**When and how often did you take care of these children?**

Name of the children:	Sex (M/F):	Age started (year and months):	Age stopped/ongoing:	Started (month/year or dates): _____ month ____ year Ended (month/year or dates): _____ month ____ year Average number of days per month? _____ days Average number of hours per day? _____ hours Were any of these children under the age of 2? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours did you care for them? _____ hours
_____				
_____				
_____				
_____				
_____				

Please describe your duties and responsibilities while you cared for the children listed above: \_\_\_\_\_

**4. Type of childcare:** \_\_\_\_\_ **Reference name:** \_\_\_\_\_

I cared for children on my own  I shared responsibility

**Information about the children:**

**When and how often did you take care of these children?**

Name of the children:	Sex (M/F):	Age started (year and months):	Age stopped/ongoing:	Started (month/year or dates): _____ month _____ year Ended (month/year or dates): _____ month _____ year Average number of days per month? _____ days Average number of hours per day? _____ hours Were any of these children under the age of 2? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many hours did you care for them? _____ hours
_____				
_____				
_____				
_____				
_____				

Please describe your duties and responsibilities while you cared for the children listed above: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please check all experiences which you have had with infants, toddlers and children:**

Babies (0-24 months)	Often	Occasionally	Never	Children 2 years and older	Often	Occasionally	Never
Change diapers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare baby bottles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Creating activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal preparation/feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Helping with school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soothing crying baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Playing sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helping to fall asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arts and crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____				Bedtime routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Other: _____			

If you have other experiences, please attach a list.

26b. Can you get more childcare experience before you depart for the USA?  Yes  No  Maybe

If yes/maybe, with:  Children ages 0-2  Children age 2-4  Children ages 4 and up?

If yes/maybe, how many hours do you think you will have? \_\_\_\_\_

27a. Would you be willing to care for a child with special needs (learning disabilities or other disabilities)  Yes  No  Maybe: \_\_\_\_\_

27b. Do you have experience with special needs/handicapped children?  Yes  No If yes, please include reference in this application.

If you have experience, please explain \_\_\_\_\_

**Additional information**

28. Please describe any talents or skills you have that would be useful when caring for children: \_\_\_\_\_

29. Have you ever been a leader and/or instructor? If yes, what kind? \_\_\_\_\_

30. Do you have any training and/or certificates for the following:  First Aid  CPR  Swimming/lifeguard

Other: \_\_\_\_\_

31. What activities (outdoors and indoors) would you like to do with the children in your host family? \_\_\_\_\_

32. Please describe your views on raising children: \_\_\_\_\_

33. Why should a family choose you as their au pair? \_\_\_\_\_

I certify that the information provided in this application is complete and accurate. I understand that my acceptance onto the Cultural Care Au Pair program and selection by a host family is dependent upon review by Cultural Care potential host families of all information provided to the agency including but not limited to the Criminal Background Check, Personal Health Information and Certificate of Health.



## Personal Reference

\_\_\_\_\_ is applying to Cultural Care (registered business name of International Care, Ltd.) to be an au pair in the United States for one year. Please answer the following as honestly and completely as possible. The answers will be used to assist us in placing the applicant with a family. If you don't feel comfortable writing in English, please fill out the reference in your native language. You will be contacted by the local office to confirm this reference.

1. How did you get to know the applicant (employer, neighbor, teacher etc.)? \_\_\_\_\_  
\_\_\_\_\_
2. For how long have you known the applicant? \_\_\_\_\_  
\_\_\_\_\_
3. Please describe the applicant's personality and character: \_\_\_\_\_  
\_\_\_\_\_
4. Do you feel the applicant would provide a host family with responsible and quality childcare?  Yes  No Please describe why: \_\_\_\_\_  
\_\_\_\_\_
5. Please feel free to add any further comments that might be helpful in evaluating the applicant: \_\_\_\_\_  
\_\_\_\_\_
6. Complete the following:
 

Name: _____	Occupation: _____
Phone: _____	Work/mobile phone _____
Address: _____	Postal code/City: _____
Email: _____	Best time to reach you: _____
Signature: _____	Date: _____

A prospective host family may contact you for a reference. Do you speak English?  Yes  No

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Comments: \_\_\_\_\_  
\_\_\_\_\_

*My signature confirms that I have spoken with the reference listed above, verified this information including the accuracy of the translation, if any.*

Name (print and sign): \_\_\_\_\_ Date: \_\_\_\_\_

\*All of those who write references may not speak or write in English. In such cases, Cultural Care allows the referee to fill out this form in their native language which the au pair then translates. All translations are checked by Cultural Care staff/representative.

## Childcare Reference

To the reference: \_\_\_\_\_ is applying to Cultural Care (registered business name of International Care, Ltd.) to be an au pair in the United States for one year. (Au Pair name) Please answer the following as honestly and completely as possible. The answers will be used to assist us in placing the applicant with a family. If you do not feel comfortable writing in English, please fill out the reference in your native language. You will be contacted by the local office to confirm this reference.

1. How did you get to know the applicant (employer, neighbor, teacher etc.)? \_\_\_\_\_

2. How do you know that the applicant can take care of children?

The applicant has taken care of my children  I have supervised the applicant (e.g. Camp director, childcare center manager)

We have worked together with children  Other: \_\_\_\_\_

3. When did the applicant take care of the children: Started (dates) month \_\_\_\_ year \_\_\_\_ Stopped (dates) month \_\_\_\_ year \_\_\_\_  Ongoing

4. Has the applicant taken care of these children when they were under the age of two?  Yes  No

5. Please write down the sex and age of the children the applicant cared for (If in a group setting, please write the number of children and the age range)

Name of the children (If a group, please write # of children)	Sex (M/F)	Age of the children when started	Age of the children when stopped

6. Please specify the level of responsibility the applicant had when she/he cared for the children:  Helper  Fully responsible

7. What time of day did the applicant care for the children:  Day  Evening  Overnight/Weekends

8. What type of activities did the applicant do while taking care of the children? \_\_\_\_\_

9. Please describe why you think the applicant would be a good au pair: \_\_\_\_\_

10. Please add any information you would like to give us about the applicant: \_\_\_\_\_

11. Complete the following:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_ Work/mobile phone \_\_\_\_\_

Address: \_\_\_\_\_ Postal code/City: \_\_\_\_\_

Email: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A prospective host family may contact you for a reference. Do you speak English?  Yes  No

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Comments: \_\_\_\_\_

The reference confirms \_\_\_\_\_ total childcare hours including \_\_\_\_\_ total infant hours.

My signature confirms that I have spoken with the reference listed above, verified the childcare experience including the childcare hours as outlined above and ensured that the translation, if any, is accurate.

Name (print and sign): \_\_\_\_\_ Date: \_\_\_\_\_

\*All of those who write references may not speak or write in English. In such cases, Cultural Care allows the referee to fill out this form in their native language which the au pair then translates. All translations are checked by Cultural Care staff/representative.

## Personal Health Information

To be completed by au pair and enclosed with application.

Name: \_\_\_\_\_ Ref. nr.: \_\_\_\_\_ Date of birth: \_\_\_\_\_

1. Have you **ever** suffered from any of the following? Please indicate by checking the "yes" or "no" box for each condition.

Yes	No	Yes	No	Any disease/impairment/abnormality of:		Gynecological matters			
				Yes	No	Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	Anorexia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood or endocrine system	<input type="checkbox"/>	<input type="checkbox"/>	Genito-urinary
<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bones, joints or locomotive system	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?
<input type="checkbox"/>	<input type="checkbox"/>	Bulimia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brain or nervous system			
<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ears or hearing			
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eyes or sight			
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart			
<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs, respiratory system			
<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other abdominal organs			
	<input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stomach or digestive system			
<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tonsils, nose or throat			
<input type="checkbox"/>	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	<input type="checkbox"/>					

If you have checked off yes to any of the above, please explain further and give us the year when illness(es) occurred. *If you don't know the year exactly, please put an approximate year:* \_\_\_\_\_

2. Have you been hospitalized?  Yes  No Please give approximate date and the diagnosis for each illness or accident: \_\_\_\_\_

3. Have you ever been treated for any medical condition during the last two years?  Yes  No (If yes) Diagnosis: \_\_\_\_\_

4. Have you ever had psychiatric counseling?  Yes  No If yes, what for? \_\_\_\_\_

5. Do you take any kind of medicine?  Yes  No If yes, what and what for? \_\_\_\_\_

6. In my opinion, the general state of my health is:  Excellent  Good  Fair  Poor

7. Have any members of your family (parents, grandparents, brothers or sisters) ever suffered from:

Epilepsy <input type="checkbox"/> Yes <input type="checkbox"/> No	Heart disease <input type="checkbox"/> Yes <input type="checkbox"/> No	Tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No	Mental or nervous disorder <input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of the above, please explain further: \_\_\_\_\_

### EMERGENCY OPERATION RELEASE/WAIVER

*If between the time of filling this out and my departure to the USA, I develop any sort of medical condition and/or become ill, I am required to notify Cultural Care Au Pair and resubmit my Personal Health Information and Certificate of Health.*

*My signature below indicates that the information that I have included above is true and I hereby give my full consent to be medically treated or to undergo any emergency operation which is determined by a doctor and may be necessary during my stay abroad. I also accept full responsibility for any medical expenses which are not covered by my insurance policy. I also give full consent to release this information to potential host families.*

**Strong recommendations to the au pair:** Compensation under medical expenses policies for Travel Insurance does not include the cost of normal dental treatment, not due to an accident. It is therefore important for any person traveling abroad to receive thorough dental examinations prior to departure so that no unexpected complications arise during the period of residence abroad. Keep in mind, dental treatment is very expensive in the USA.

Au Pair's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Agreement

Cultural Care (registered business name of International Care, Ltd.), with registration number CH-1003.023.491-6, having its registered address at Haldenstrasse 4, 6006 Lucerne, Switzerland, together with its successors and assignees ("CC"), and the undersigned au pair,

(Please print full au pair name)

with personal identification number \_\_\_\_\_ ("I", "me" or "my"), for good and valuable consideration, understand and agree to the following terms and conditions (the "Agreement") relating to the au pair's participation in Cultural Care Au Pair US au pair program (the "Program").

1. In addition to the terms of this Agreement, I agree to abide by additional reasonable terms and conditions stipulated by CC during the Program, including the Extension program. If there is any confusion between this Agreement and the terms of any other contracts, agreements, or materials of any kind, the terms of this Agreement shall prevail.
2. I agree to comply with the Program regulations issued by the United States Department of State (22 CFR Part 62) ("Regulations"). I acknowledge receipt of a copy of the Regulations as they apply to me. I also understand that I must comply with CC's rules as outlined in this Agreement, the Au Pair Handbooks and other materials that CC has supplied to me. This includes staying within the legal number of working hours per day and week without exception. I will inform my Local Childcare Coordinator if asked to work beyond the legal guidelines of the program as outlined by the U.S. Department of State Regulations.
3. I understand that providing childcare is my primary obligation in this Program and that any personal plans or activities will take secondary priority to caring for my host children. I agree to perform the child care responsibilities outlined by my host family to the best of my ability, and make every effort to act as a caring, responsible host family member, including abiding by the household rules. I understand that my host family may ask me to respect a curfew and/or assign other reasonable restrictions designed to protect the safety and well-being of my host children. I agree to abide by such reasonable restrictions. I also understand that I may not post photos or personal information about my host family, host children, or host home on any web site, blog or the like without the express written consent of my host parents.
4. I agree to attend and actively participate in all child safety and child development training and orientation sessions sponsored by CC. This includes thoroughly reading all written materials provided to me including the Au Pair Handbook and any other pre-departure materials.
5. I shall submit a refundable deposit to CC as outlined by the local office where I was trained and interviewed. This fee will be refunded (or applied to my return flight in select countries) after the successful completion of the Program, unless forfeited in accordance with this Agreement. CC shall make the final determination as to what currency I will be refunded in and whether the fee is refunded while I am in the USA or back in my home country after my program period. If my deposit is to be returned in my home country, I understand that in order to receive the refund I must submit for the refund within thirty (30) days of my CC return flight date to prove that I returned on time in compliance with the rules of my J-1 visa.
6. During my participation in the Program I will abide by all local, state and federal laws and other regulations. I understand that breaking these laws (such as shoplifting, driving under the influence of alcohol, possession, or use of illegal substances, etc.) shall be grounds for my immediate dismissal from the program and my deposit and return flight will be forfeited.
7. I will only use medications as prescribed to me and approved by a treating physician. I understand that I may only consume alcohol if I am of legal drinking age, and I agree not to consume alcoholic beverages to excess at any time or to drive under the influence of alcohol. I further agree not to consume alcoholic beverages at any time while I am on duty.
8. I understand that I may not use the family's automobile(s) for any reason without express permission from the host family and that any agreement to use the host family's automobile is strictly between the host family and me. I will not use the automobile unless the host family has obtained all of the mandatory automobile insurance coverage required under the laws of the state where the host family resides.
9. I agree to pay any personal expenses I incur while participating in the Program, including but not limited to, health expenses not covered by insurance, phone bills and/or car damages. If I leave the host family with unpaid bills, I understand that CC will have the right to withhold my deposit or collect from me otherwise until I have paid the host family. CC is not responsible for any financial disputes I have with my host family such as outstanding money for educational component, weekly stipend, etc. I understand that I must settle all disputes directly with my host family prior to my departure from their home.
10. I understand that my Local Childcare Coordinator and the Cultural Care staff in the U.S. are my primary contacts during the Program, and are responsible for ensuring a positive and successful program year for me and my host family. I will notify the staff of CC in the U.S. in case of disagreement, misunderstanding or serious problems including but not limited to my health, safety, welfare, adjustment to my host family, school, culture or language, or misunderstandings or problems with my host family. I acknowledge that CC is solely responsible for choosing appropriate host families for me and I will not make attempts to obtain placements on my own after my arrival in the U.S. In situations where I am having problems with my host family, I agree to consult with and meet with my Local Childcare Coordinator and to follow CC's mediation guidelines as outlined in the Au Pair Handbook. I understand that it is CC's policy to try to resolve issues in the existing placement if possible before considering a new placement.
11. If the problems within my host family cannot be resolved, I understand that it is CC policy to seek a recommendation from my host family and Local Childcare Coordinator in order to find me a new family. If positive recommendations cannot be obtained, I understand that I may not be eligible for replacement. Should the proper recommendations be obtained, I agree that efforts for replacement will be contingent upon my flexibility regarding preferences such as, state, region, and car use. I understand that CC will use reasonable efforts for two weeks to find another host family for me. During such time, I shall continue to live with my current host family who, in its discretion, may request me to provide, or not to provide, any childcare services and I shall remain

reachable by phone/email with CC at all times. If I do not perform childcare duties during the transition period (even if I am staying with a host family) I understand that I will not receive the weekly stipend. CC will make every effort to present appropriate host families to me. Should I reject these host families for reasons of geographical region, car/computer use or other non-essential reasons I understand that CC may opt to discontinue a search for replacement. I understand that CC cannot guarantee a new family placement for me within the two-week transition period and inability to be replaced will result in my early return to my home country. I understand that if CC cannot otherwise replace me in a new home through no fault of my own I will be entitled to return of my deposit.

12. I understand that CC has the exclusive right to determine my suitability for acceptance and for my continued participation in the Program. I understand that if CC determines that my emotional or physical state does not make me suitable for providing quality childcare, I will be removed from the Program. I also understand that should I marry or become pregnant while on the Program I will also be removed from the Program. If my performance as an au pair and/or participation in the program is deemed unsatisfactory by CC for whatever reason, CC will reassess my suitability for future placement. I understand that I may be terminated from the Program if I do not successfully complete the Program requirements and uphold Program expectations for reasons including, but not limited to, the following: leaving the host family without prior consent from CC; engaging in behavior that CC deems inappropriate during the Program duration, performance reasons including but not limited to breaking host family rules, neglectful or inappropriate behavior towards the children, etc.; non-participation in training, not fulfilling educational credit, non-attendance at monthly meetings, or if I in any way violate this Agreement. I further understand that should it be discovered that I have falsified or withheld critical information from my application materials including, but not limited to, health conditions, criminal history, educational documentation, childcare experience, etc. I may be terminated from the Program.
13. I understand that the Program is designated as a full year program with the possibility to extend for a further six (6), nine (9) or twelve (12) months. Should I voluntarily decide to return home before the regular end date of my program (including extension period) I understand that my flight will not be paid for and my deposit not returned. The exception to this will be in cases of my own extreme illness or the extreme illness or a death in my immediate family. Should I terminate or be terminated from the Program for any reason as outlined in this agreement, such termination will result in the following:
  - a) I will forfeit the return ticket and I will be required to make my own arrangements to return to my home country at my own expense; and
  - b) I will forfeit the refundable deposit; and
  - c) My CC insurance coverage will no longer be valid and no part of it refunded other than the 13th month optional insurance; and
  - d) My status will be reported to U.S. Immigration and my participation in the au pair program will be canceled.
  - e) CC will not provide me with housing in the USA.
14. CC will arrange my flights from and to my home country, from a CC approved gateway. I am responsible for my own transportation and the cost involved to the specified departure gateway in my home country. My departure date to the US (Group Arrival Date), will be determined by my availability and my host family's request. Should I cancel either of the included flights once the ticket has been issued, I understand that I will then be held responsible for any penalties and costs relating to this cancellation. CC will determine my return date based on the end date of my program and my host family gateway will be my return gateway. Special requests may be considered, however additional fees may apply and these costs will be my responsibility. I understand that CC cannot book my return flight for a date later than thirty (30) days after completion of my Program.
15. This agreement is made between me and CC. In regards to confidentiality, CC agrees not to divulge medical or confidential information about me or my Program experience to any third party except in case of medical emergency. As a person of the age of majority I understand that this also includes my parents or family members as well as any partner or friends. Any disputes will be settled between me and CC or any legal entity bound to represent us and no other third party.
16. I agree to irrevocably, unconditionally, and fully remise, release and forever discharge CC and its affiliates; and said persons' respective officers, directors, successors, assigns, attorneys, insurance companies, agents, employees and affiliates, or others to the extent acting or purporting to act on the afore mentioned persons' behalf (all of said persons hereinafter, in the aggregate, being referred to as "Released Parties"), from any and all claims or causes of action which I have or may hereafter have, which arise out of illness, injury, damage or loss of any other kind to me or my property resulting from or during participation in the Program. This includes, without limitation, my performance of services for and involvement with the host family, regardless of how such illness, injury, damage or loss may arise. I further agree to indemnify and hold harmless the Released Parties from and against any losses, claims, damages or liabilities related to or arising out of my participation in the Program, including (without limitation) any illness, injury or damage to me, that my host family causes, that any third party causes, that I cause or to which I contribute, and any illness, injury or damage to my host family which I cause or to which I contribute.
17. This Agreement shall take effect as a sealed instrument under and shall be governed by the laws of Switzerland. In the event of any claim, dispute, or proceeding arising out of the relationship of me and CC, or any claim which in contract, tort, or otherwise at law or in equity arises between the parties, whether or not related to this Agreement, the parties submit and consent to the exclusive jurisdiction and venue of the arbitral tribunals of Switzerland.
18. My signature on this agreement indicates acceptance of this Agreement and is legally binding. No alterations to the terms of this agreement will be valid unless approved in writing by CC. If any provision of this agreement shall be deemed unenforceable, such paragraph shall be omitted and the remainder of the agreement shall be valid and enforceable to the fullest extent allowed by law.

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

*If the au pair candidate is not of legal majority age in her home country, legal guardian must sign in acceptance to the terms and conditions of this agreement and in permission to participate in the program.*

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## Avalduse täitmise juhend

Täites avalduse ankeeti, palume Sul lugeda järgnevat juhendit. Juhendist loetud informatsiooni kasutamine aitab ära hoida vigade tegemist. Soovitav on enne täita mustand. Üheks võimaluseks on printida ankeet meie kodulehelt. Teise võimalusena võid paluda meil saata endale uus avalduse ankeet.

### Üldine juhend

Au Pairina reisisid pead olema 18-26-aastane. Alla 18-aastasena on Sul võimalus täita avaldus ja läbida intervjuu, küll aga pead Sa olema äralennuks 18 aasta vanune.

- Pea meeles, et selle ankeedi järgi püüame me leida just Sinule sobivaima perekonna, seega peaksid Sinu vastused olema siirad ja ausad. Kindlasti täida see ankeet ise. Kuna kõik küsimused on väga olulised, siis palume Sul vastata kõigile.
- Palun kirjuta võimalikult põhjalikult ja korralikult. Kindlasti kasuta musta pastapliiatsit. Ära kasuta vea parandamiseks korrektorit, vaid tõmba korralikult viga maha ja kirjuta kõrvale uuesti või võta kasutusele uus ankeet. Püüa jätta endast võimalikult positiivset muljet, sest kandidaate on palju.
- Kui Sul on küsimuse vastamiseks rohkem ruumi vaja, siis kasuta selleks lisapaberit ja märgi selgelt selle vastuse number, mida jätkad.
- Kindlasti kasuta ankeedi täitmisel, lisapaberile kirjutamisel ja pildi kollaažile kirjutamisel musta pastapliiatsit, sest kogu ankeet kopeeritakse. Samuti kasuta kindlasti hea kvaliteediga pilti. Lisapaberid peavad olema valged.
- Tee endale koopia täidetud avaldusest, juhuks kui originaal peaks kaotsi minema. Diplomitest ja teistest tähtsatest dokumentidest saada koopiaid, mitte originaalid. Erandina tuleb saata karistusregistri väljavõte originaalina.

### Matching sheet

Täida see osa lehel, kus on kirjas “to be completed by the au pair”. Other comments- sija kirjuta midagi positiivset enda kohta, midagi, mis eristaks sind teistest kandidaatidest. Täida vähemalt see osa avaldusest ja võta see intervjuule endaga kaasa. Ära unusta lehte allkirjastamast.

### Avalduse lehekülg 1

**Photo:** Palun pane ankeedile endast naeratav ja sõbralik pilt (ükski laps ei taha endale kurbalapsehoidjat). Kui Sul on mõni keha läbistav ehe või rõngas (body piercing), peaksid Sa selle pildi tegemise ajaks eemaldama. Samuti Ameerikas olemise ajaks. Enamus perekondi ei taha endale lapsehoidjat, kellel on keha, eelkõige nagu läbistav ehe. See pilt on võõrustajapere esimene mulje Sinust. Püüa see jätta võimalikult positiivne.



#### Küsimus 1

Pane kirja oma eesnimed ja perekonnanimi, nii nagu need on kirjas Sinu passis. Ära kirjuta hüüdnimesid, sest see võib tekitada probleeme viisa saamisel.

#### Küsimus 2

**Phone numbers:** Palun lisa riigikood (näiteks: Eesti +372). Ära unusta meile öelda, kui Sinu telefoni number peaks muutuma. Märgi ära, millisel numbril on Sind kõige kergem kätte saada.

**Email address:** Emaili aadress on lisaks telefonile võimalus nii meil kui ka Sind võõrustaval perel Sinuga ühendust võtta. Kindlasti vaata oma maile regulaarselt. Palun kontrolli ka, et Sinu emaili aadress oleks korrektne, sest mõned naljakana mõeldud emaili aadressid ei pruugi jätta Sinust head muljet (näiteks: *kiisumiisu13@...com*).

#### Küsimus 3

**Birth date:** Kirjuta ESIMESENA kuu, seejärel päev ja siis aasta.

**Home country:** Maa, kus Sa elad.

**Nationality/citizenship:** Sinu rahvus

#### Küsimus 4

Kui sa ei ela koos oma vanematega või nad on lahutatud, siis palun vasta sellele küsimusele sellegipoolest.

#### Küsimus 5

Täida oma vendade ja õdede kohta (näiteks: Liisi, female, 1986).

### **Küsimus 7**

Kirjuta siia kõik keeled, mida Sa õppinud oled. Ära unusta inglise keelt kirjutada.

### **Küsimus 8**

Palun märgi ära oma hetke tegevusala (näiteks: keskkooliõpilane, üliõpilane või täiskohaga tööline).

### **Küsimus 10+10a**

Pannes kirja mitmendal kursusel hetkel õpid, märgi ära ka mitu aastat pead ülikoolis käima, et diplomit või kraadi omandada. Näiteks, teine aasta neljast, see tähendab, et käid teisel kursusel ja kraadi omandamiseks on Sul vaja käia 4 aastat ülikoolis. Küsimusele, mida õpid, võid vastuseks kirjutada oma eriala (näiteks: turism).

### **Küsimus 13**

Siia kirjuta oma töökohad, koolitused ja haridus. Lapsehoidmise kogemust ära siin maini.

## **Avalduse lehekülg 2**

### **Küsimus 14**

Esimesse ritta kirjuta, millal Sa alustasid õppesõidu tegemist ja kui tihti sa sõitsid, enne kui load kätte said (näiteks: kaks korda nädalas). Kindlasti kirjuta täpselt samad kuupäevad, mis on märgitud juhilubadel. "Winter conditions" küsimuse juures märgi ära, kas oled sõitnud lumistes või jäistesoludes.

### **Küsimus 15**

See küsimus on väga oluline. Palun vasta sellele ausalt. Kui Sa suitsetad siis püüa vastata võimalikult detailselt. Palun kirjuta eraldi lehele selgitus suitsetamise põhjuse kohta. Veel kirjuta kus ja kui tihti Sa suitsetad ja kas oled nõus majas sees ja lastega koos olles mitte suitsetama. Juhul kui Sind võõrustav perekond lubab Sul suitsetada, ei tohi Sa suitsu tehes lapsi järelvalveta jätta. Väga vähesed perekonnad on nõus suitsetava lapsehoidjaga. Suitsetavale lapsehoidjale pere leidmine võib võtta rohkem aega, kui mittesuitsetajale pere leidmine. Juhul, kui oled märkinud end mittesuitsetajaks ja kohapeal selgub, et oled siiski suitsetaja, võib perekond nõuda Sinu lahkumist nende juurest, seega palun vasta ausalt.

### **Küsimus 16**

Valides vastuseks "ei", kirjuta juurde ka selgitus. Ameeriklaste jaoks tähendab sõna "pets" koduloomi (näiteks: koerad, kassid, linnud, kalad, hobused). Juhul, kui Sa ei saa koos elada mõneloomaga, siis palun selgita miks (näiteks: allergiline, kardad, jne).

### **Küsimus 17**

Tätoveeringu, keha läbistava rõnga või ehte olemasolul (body piercing), võiksid kirjutada eraldi kirja. Kirjas võiksid selgitada, miks Sul see on ja kas oleksid nõus rõnga või muu keha läbistava ehte eemaldama Ameerikas olemise ajaks, kui perekond seda palub. Palun pane kaasa pilt tätoveeringust või keha läbistavast ehtest, juhul kui see on nähtaval kohal sinu kehal. Erandiks on kõrvarõngad, need võivad olla.

### **Küsimus 18**

Siia kirjuta oma usk või märgi "non-denominational" ehk ei ole kindlat usku.

### **Küsimus 19**

Palun vasta ausalt. Valides vastuseks "ei", lisa selgitus juurde.

### **Küsimus 20**

Valides vastuseks "jah", lisa detailne selgitus juurde. Juhul, kui Sul on mõni eriline toitumise harjumus, kas Sa siis oleksid nõus valmistama toitu, mida Sa ise ei söö (näiteks: taimetoitlasena valmistama singi võileibu)?

### **Küsimus 23**

Mida rohkem huvisid Sa siia kirjutad, seda parem. Kindlasti vasta ka küsimusele nr 24.

### **Küsimus 25**

Ujumisoskus on oluline enamusele peredele, seega püüa hinnata oma ujumisoskust õigesti (näiteks: kui suudad ujuda 200m ilma puhkamata, siis oled tugev ujuja).

## **Avalduse leheküljed 3-4**

### **Küsimus 26a**

See on kogu avalduse kõige tähtsam osa. Enne kui hakkad küsimusele vastama, täida ära kaasasolev mustand (Childcare Hours Worksheet). Hiljem saad kirjutada oma vastuse puhtalt ja korralikult ankeeti. Et Au Pairiks üldse saada, peab Sul olema vähemalt 200 tundi lastehoidmiskogemust. Seda alustades ajast, mil olid 15 aastat vana või vanem. Pane kirja kõik lastehoidmise kogemused, ka need mis olid enne Sinu 15 aastaseks saamist. Seda ei arvestata nõutavate tundide hulka, kuid pere näeb, kui kogenud Sa oled. Kirjuta siia kõikidest lapsehoidmise kogemustest, kaasaarvatud oma õdede vendade laste hoidmisest või

sugulaste laste hoidmisest. Lisalehti võid printida endale juurde niipalju kui vaja. Mida rohkem ja erinevaid kogemusi Sul on, seda parem. Püüa koguda ka võimalikult palju iseloomustusi.

Alusta oma lapsehoidmise kogemuste kirjutamist kõige hiljutisemast. Palun kirjuta ka seda, kas hoidsid neid lapsi üksi(ilma järelevalveta) või hoidsid kellegagi koos(näiteks: olid abiliseks lasteaias või olid koduabiliseks ja hoidsid last samal ajal, kui tema vanemad olid ka kodus). Palun kirjelda detailselt oma tegevusi koos lastega( näiteks: lugesid neile raamatut/ muinasjuttu, tegid neile süüa, käisite väljas/pargis jalutamas või viisid nad kooli). Selleks, et üldse hoida alla 2-aastasi lapsi peab Sul olema eelnevalt 200 tundi kogemust alla 2-aastaste laste hoidmisel, alustades ajast, mil olid 15 aastat vana või vanem. Äralennuks pead Sa olema vähemalt 19-aastane.

Selle küsimuse vastusest saavad võõrustaja perekonnad teada, kas Sinu kogemused ja nende vajadused on sarnased. Ole loominguline!

Pane täpselt kirja kui kaua Sa igat last hoidsid. Püüa saada võimalikult palju soovituskirju (Childcare Reference). Kui Sa ei saa näiteks ühe kogemuse kohta soovituskirja, siis ära jäta seda kogemust mainimata, kuid sellisel juhul kogemust ei arvutata vajaliku 200 tunni hulka. Tundide summa arvutatakse kontoris meie töötaja poolt. Tema vaatab üle, nii Sinu poolt kirjutatud tundide arvud, kui ka iseloomustused ja nende võrdluse tulemusena arvutab Sinu tunnid kokku. Olles mustandi valmis saanud, kirjuta kõik korralikult ja puhtalt avaldusse ümber. Ära unusta ka mustandit (Childcare Hours Worksheet) tagastamast koos avaldusega intervjuerijale.

Peale iga lapse kohta käivate andmete täitmist, tuleb Sul kirja panna oma oskused seoses lastehoidmisega. Vasakul on oskused, mis on seotud alla 2-aastaste laste hoidmisega (näiteks: mähkmete vahetamine) ja paremal olevad üle 2-aastaste lastega. Seejärel palutakse Sul ära märkida, kas tegid neid tegevusi sageli(often), aeg-ajalt(occasionally) või mitte kunagi(never). "Sageli" tähendab, et tegid seda peaaegu alati, kui hoidsid lapsi(näiteks: vahetasid beebi mähkmeid iga kord kui teda hoidsid). "Aeg-ajalt" tähendab, et tegid seda mõnikord (näiteks: vahel toitsid lapsi, kui olid nendega koos, aga mitte kogu aeg).

### **Küsimus 26b**

Siia kirjuta sellest, kas Sul on enne ärasõitu võimalus hankida lisakogemusi lastehoidmisel. Juhul, kui enne ärasõitu hoiad veel lapsi, anna meile sellest teada! See annab Sulle võõrustajapere silmis plusspunkte juurde.

### **Küsimus 27**

Mõnikord on ka peresid, kellel on erivajadustega lapsed (näiteks: õpperaskused, ADHD, Downi sündroom või mõni füüsiline puue, nagu näiteks kerge kuulmishäire). Siin tahaksimegi teada, kas oleksid nõus kaaluma sellisesse perekonda lapsehoidjaks minemist. Perekond võtab Sinuga ise ühendust ja räägib, mis probleem nende lapsel on ja selle põhjal saadki otsustada, kas see perekond sobib Sulle või mitte. Kasuks tuleb siin ka ära märkida Sinu eelnev kogemus puuetega lastega, juhul muidugi, kui Sul see on.

### **Küsimus 28**

Sellele küsimusele vastamisel ära ole tagasihoidlik. Olles milleski tõeliselt osav, pane see siia kindlasti kirja. Võibolla oled Sa väga osav mõnel spordialal või hoopis söögitegemises või küpsetamises. Siia võid kirjutada ka oma isiklike saavutuste kohta.

### **Küsimus 29**

Siia võid kirjutada näiteks laagriülem, ujumise juhendaja, meeskonna kapten (mingil spordialal) või klassivanem.

### **Küsimus 31**

Kirjuta siia võimalikult palju tegevusi. Püüa täita kõik read.

### **Küsimus 32**

**VÄGA TÄHTIS KÜSIMUS VÕÕRUSTAJAPEREKONNALE.** Mõtlege hoolikalt läbi, mida ja kuidas Sa siia vastuseks kirjutad.

**TÄHTIS!** Ära unusta allkirja kirjutamast leheküljel 4 alla. Tee seda musta pastapliiatsiga.

## **Avalduse lehekülj 5**

### **Kiri võõrustajaperele**

Selles kirjas on Sul võimalus kirjutada endast, oma huvidest, oma perekonnast, sõpradest ja oma kodukohast. Põhimõtteliselt informatsiooni, mis ei ole kirjas ülejäänud avalduses. Kõige tähtsam on kirjutada oma kogemustest lastega ja sellest, mida te koos teinud olete. Kirja kirjutades pea mees, et kirja lugejaks on potentsiaalne Sind võõrustav perekond, kes mõtleb seda kirja lugedes sellel, kas Sina oled just õige inimene nende laste eest hoolitsema, samal ajal kui nemad on tööl. Kindlasti kirjuta, miks Sa tahaksid olla lapsehoidja ja mis Sulle laste puhul kõige rohkem meeldib ja rõõmu pakub. Väga hea mõte on kirjas kasutada huvitavaid ja naljakaid lugusid seoses sinu varasemate kogemustega lastehoidmisel. Selle kirja puhul ei pea Sa kasutama selleks ettenähtud paberit, vaid võid täiesti vabalt võtta enda lehe ja kirjutada sinna. Lisaks võid joonistada, kasutada värve ja kleepida kleepse, et kiri oleks personaalsem ja loomingulisem. Aga kindlasti kasuta selleks heledat paberit. Palun kirjuta kiri käsitsi- ära trüki!

## Lapsehoidmise soovituskiri (Childcare Reference) ja Isiklik iseloomustus (Personal Reference)

Püüa saada soovituskirju lapsehoidmise kohta võimalikult paljudelt inimestelt (näiteks: lapsevanematelt, kelle lapsi oled hoidnud ja lasteaiast, kus oled abiks olnud).

- Programmis osalemiseks peavad olema järgnevad punktid täidetud.
  - 1.) Sul peab olema vähemalt kolm mittepereliikme poolt kirjutatud iseloomustust/soovituskirja ( pereliikmete- õdede, vendade, tädide, onude, vanavanemate, nõbude soovituskirjad tuleb panna lisa informatsioonina kaasa).
  - 2.) Vähemalt üks soovituskiri peab olema lastehoidmise kohta, mis peab ka kinnitama, et oled olnud lapsehoidja vähemalt 200 tundi( lastehoidmise tundide arvu kohta käiva soovituskirja võib kirjutada mõni sugulane, kuigi soovitatavalt võiks see pigem olla mittesugulane ).
- Need kolm nõutud mittesugulase poolt kirjutatud iseloomustust/soovituskirja peavad olema kirjutatud erinevate täiskasvanute poolt, kes kindlasti ei kuulu Sinu perekonda. Mida kvalifitseeritumad on iseloomustuste kirjutajad, seda parema mulje jätab see iseloomustustest ja loomulikult ka Sinust.
- Iseloomustuste/soovituskirjade kirjutajad peavad vastama KÕIKIDELE küsimustele! Võõrustajapered loevad iseloomustusi väga tähelepanelikult, et teada saada, kuidas teised inimesed Sind näevad ja miks nad Sind usaldavad. Kui nad arvavad, et Sa oled parim, siis las nad seda ka kirjutavad. Juhul, kui Sinu iseloomustust kirjutav inimene ei oska piisavalt hästi inglise keelt, võib ta kirjutada ka eesti keeles. Hiljem saavad meie kontori töötajad selle ära tõlkida.
- Kui on vähegi võimalust, siis võiks Sul olla rohkem kui 3 iseloomustust. Mida rohkem seda parem!
- Kõikidele Sinu kohta kirjutatud iseloomustuste/soovituskirjade kirjutajatele helistab Cultural Care, et kinnitada iseloomustuste õigsust. Lisaks võib ka võõrustajaperekond neile helistada, et küsida mõnd lisaküsimust Sinu kohta.

## Fotoalbum (Photo Collage)

- Loo enda fotode abil ennast tutvustav kaust. Kasuta selleks heledat A4 paberit, hea kvaliteediga pilte ja musta pastapliiatsit, sest meil on vaja see kopeerida.
- Lehekülgi võiks olla rohkem kui üks. Ühele lehele võiksid panna pilte endast ja lastest, keda oled hoidnud. Teisele lehele pilte endast ja Su perest ning kolmandale endast sõpradega ja Sina tegelemas mõne oma hobiga. Kõikidel piltidel pead Sa ka ise peal olema, sest perekond on eelkõige Sinust huvitatud, mitte Su sõpradest.
- Kindlasti ära pane ühtegi pilti, kus oled mõnes ööklubis või pubis ega ka pilte, kus on alkohoolsed joogid peal. Veel ära lisa pilte, kus oled sobimatult riides (näiteks miniseelik seljas, liialt sügav dekoltee või hoopis bikiinides).
- Kasuta oma kujutlusvõimet, et album oleks huvitav. Palun kirjuta iga pildi juurde ka midagi selle pildi kohta.
- Kindlasti kirjuta ka oma nimi igale lehele.
- Veendu, et sinu album on korralik, ega pudene kergesti laiali.



## Karistusregister (Criminal Record)

Sa pead taotlema karistusregistrist enda andmete kohta väljavõtet. Seda saad Sa teha politseijaoskonnas. Ainult ilma ühegi karistusega on võimalik osaleda Cultural Care Au Pair programmis. Isikul on õigus saada enda kohta andmeid karistusregistrist ja karistusregistri arhiivist üks kord aastas tasuta. Järgmiste järelepärimiste korral tuleb tasuda riigilõiv. Lisainformatsiooni karistusregistrist andmete saamise kohta on võimalik leida politseiameti kodulehelt: <http://politsei.ee/?id=952>

## Pass ja Viisa

Viisa saamiseks ja üldse reisimiseks peab Sul olema kehtiv pass. Kui Sul ei ole hetkel kehtivat passi, siis tee see kohe. Passi olemasolul kontrolli, et see kehtiks vähemalt kuni kuus kuud peale Sinu naasmist Ameerikast. Kui pass kaotab kehtivuse varem kui kuus kuud peale Sinu naasmist, tee endale uus pass. Viisataotlusankedid ja juhised saadetakse Sulle meie poolt. Seejärel saad taodelda endale viisat USA saatkonna kaudu.

## Juhiload (Driver`s licence)

Lisa avaldusele enda juhiloa koopia. Kui Sul veel ei ole juhilube, siis saada juhilubade koopia kohe kui oled need kätte saanud. Kuna Eestis ei väljastata eraldi rahvusvahelist juhiluba, siis võta kaasa Eestis saadud juhiluba.

## Tervisetõend (Personal Health Information)

Täitke see leht ise. Juhul, kui vastad mõnele küsimusele jaatavalt, märgi kindlasti ära, mis aastal seda haigust põdesid. Ära unusta ankeeti allkirjastamast.

### **Haridusega seonduvad dokumendid (Documentation of education)**

Saada koopia oma lõputunnistusest. Kui Sul seda hetkel veel pole, siis saada see niipea, kui selle kätte saad. Palun ära saada originaale, vaid saada koopiad.

### **Leping (Agreement)**

Lugege see hoolikalt läbi, allkirjastage ja tagastage meile koos teiste täidetud paberitega. Käesolevat lepingut ei ole võimalik printida kodulehelt, selle saad kas kontorist koos teiste paberitega või intervjuueerija käest.

### **Diplomid ja tunnistused (Diplomas and certificates)**

Lisana võid saata veel mõne diplomi või tunnistuse mõnest kursusest, mille oled läbinud. Esmaabi kursuse tunnistus ja kõik ingliskeelsed tunnistused on väga hinnatud. Jällegi, palun ära saada originaale, vaid saada dokumentidest koopiad. Kui soovid, võid lisada ka mõne endale tähtsa asja koopia (näiteks: mõne Sinu poolt hoitud lapse joonistuse või Sinu enda poolt kirjutatud luuletuse või joonistuse).

### **Last but not least...**

Loe enda avaldus veel hoolikalt läbi ja küsi endalt, kas valiksid ennast lapsehoidjaks selle ankeedi põhjal, kui oleksid võõrustajapere. Lisaks palu kellelgi teisel veel lugeda see avaldus läbi ja kontrollida, et kirjavigu poleks. Soovitavalt võiks see inimene osata inglise keelt. Palun vaata, et Sinu avaldus oleks korralik ja kergesti loetav. Kui Sul on vaja abi avalduse täitmisel või abi kogemuste saamisel, võta ühendust meie kontoriga.

Soovime Sulle jõudu avalduse täitmisel!

### **Cultural Care Au Pair**



## Childcare Hours Worksheet

This sheet is a tool to help you count how many childcare hours you have before you fill in your application. Here are some helpful hints:

### A. Try to remember any experiences caring for children. This could include:

- Babysitting your little brothers/sisters
- Coaching sports for kids
- Babysitting other relatives
- Tutoring
- Babysitting for neighbors
- Anything similar where you had some responsibility for kids
- Volunteering at a childcare center or kindergarten

### B. Did any of these experiences take place with children under 24 months old? If so, make sure you clarify that. This is very popular experience with host families!

### C. Once you have remembered your experiences, fill in this worksheet:

#### 1. Information about the children:

Name of the children:	Sex (M/F):	Age started (year and months):	Age stopped/ ongoing:
_____			
_____			
_____			
_____			
_____			

#### When and how often did you take care of these children?

Started (month/year or dates): _____ month _____ year
Ended (month/year or dates): _____ month _____ year
Average number of days per month? _____ days
Average number of hours per day? _____ hours
Total number of hours for this experience: _____ hours
Were any of these children under the age of 2? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many hours did you care for them? _____ hours

#### 2. Information about the children:

Name of the children:	Sex (M/F):	Age started (year and months):	Age stopped/ ongoing:
_____			
_____			
_____			
_____			
_____			

#### When and how often did you take care of these children?

Started (month/year or dates): _____ month _____ year
Ended (month/year or dates): _____ month _____ year
Average number of days per month? _____ days
Average number of hours per day? _____ hours
Total number of hours for this experience: _____ hours
Were any of these children under the age of 2? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many hours did you care for them? _____ hours

#### 3. Information about the children:

Name of the children:	Sex (M/F):	Age started (year and months):	Age stopped/ ongoing:
_____			
_____			
_____			
_____			
_____			

#### When and how often did you take care of these children?

Started (month/year or dates): _____ month _____ year
Ended (month/year or dates): _____ month _____ year
Average number of days per month? _____ days
Average number of hours per day? _____ hours
Total number of hours for this experience: _____ hours
Were any of these children under the age of 2? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many hours did you care for them? _____ hours

Great! **Now you will include all of this information** except the total childcare hours in the Childcare Information section of your Au Pair Application. You will need to get references for at least 200 childcare experience hours worth of these experiences (preferably more). At least three references (including childcare references covering 200 hours) must be written by people not related to you. You may include additional references from family members in addition to these 3 non-related references.