

# Osaka YMCA Internship Abroad Program 2019 Application Form



Family Name:		Given Name:	Preferred or English Name:
Date of Birth yy/mm/dd	Currently (                  ) years old)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to say
Address	Address:		Postal Code:
	Home phone (with country code):		
	Cell phone number:		
	e-mail address:		
Nationality	Native Language		
Passport #			
Language Level	English:	<input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> fluent	
	Japanese:	<input type="checkbox"/> none <input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> fluent	
	Other:	<input type="checkbox"/> basic <input type="checkbox"/> intermediate <input type="checkbox"/> fluent	
If you have taken any language certification tests, please indicate your level: *Please fill out more information on your Japanese language comprehension found at the end of the application			
Emergency Contact	Name:	Relationship with you:	
	Address:		
	Home phone (with country code):		
	Cell phone number:		
	e-mail address:		
Occupation			
Education	List your highest level of education		
	Name of school: / university/ college		Level:
	If you are currently a student, Year:		Major:
I would like to apply for: (Select as many you like and number by preference with #1 being your most preferred position)	<input type="checkbox"/>	Global Learning Center Camp Leader Internship (location: Mt. Rokko / lvl: Jr & Intern)	Language Required: ENG & JPN
	<input type="checkbox"/>	Camp Anan International Camp Leader (location: Anan, Tokushima / lvl: Jr & Intern)	ENG & JPN
	<input type="checkbox"/>	Global Youth Conference Facilitator (location: Mt. Rokko & Tosabori / lvl: Intern & Sr) <i>*Sr Intern positions have been filled</i>	ENG
	<input type="checkbox"/>	International School Aquatics Instructor & Teaching Assistant (location: Nakatsu / lvl: Intern & Sr)	ENG
	<input type="checkbox"/>	International Kindergarten Teaching Assistant (location: Tosabori / lvl: Intern)	ENG
	<input type="checkbox"/>	International High School Teaching Assistant (location: Tosabori / lvl: Jr or Intern)	ENG & JPN
	<input type="checkbox"/>	Global Communications, Media & Administration Assistant (location: Tosabori / lvl: Intern & Sr)	ENG
	<input type="checkbox"/>	Japanese Kindergarten Teaching Assistant (location: Matsuodai & Shirogane / lvl: Jr or Intern)	ENG & JPN
	<input type="checkbox"/>	Wellness Program Assistant (location: Tosabori / lvl: Intern or Sr)	ENG & JPN
	<input type="checkbox"/>	Early Childhood Education Development Intern (location: Tennoji / lvl: Intern or Sr)	ENG & JPN
Duration	<input type="checkbox"/>	1 month	Please explain your specific dates of availability:    *Some program dates may be fixed and unnegotiable  *We require that you acquire travel insurance during your stay with us.  I agree to take out travel insurance for the duration of my work period at Osaka YMCA.    YES <input type="checkbox"/>
	<input type="checkbox"/>	2 month	
	<input type="checkbox"/>	3 month	
Media & Promotions	I understand that any photos or media of me may be used for Osaka YMCA promotional purposes. YES <input type="checkbox"/>		

**Medical History**

Do you have any allergies or dietary restrictions? If so, please provide details. e.g. vegetarian, lactose intolerant, etc.

Do you have a pre-existing medical condition that may affect your ability to carry out tasks or could be aggravated, deteriorate or exacerbated during your internship? \*\*If you selected yes, please provide details

Yes  
 No

Do you have special needs or conditions that we should be aware of that would help us assist you? If so please provide details

**Relationship with YMCA**

If you are applying from your local YMCA, please write which YMCA:

Have you worked at the YMCA previously? If so, tell us about your previous YMCA experience:

**Indicate your ability to participate and contribute special skills in the following areas, and check accord to your skill level. List any additional skills in which you excel under "Other" and indicate your skill level.**

	None	Participated in the activity	Able to assist leaders and staff	Experienced in leading & teaching the activity	Where and for how long?
Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aged Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disability Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Academic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Desktop publishing (ex: Adobe, wix, google docs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Event Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Marketing & Advertising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interpreting/ Translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Skills &amp; Experiences</b>	<b>Camping Skills</b>					<b>Water Skills</b>
	Life guarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Kayaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Canoeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Sailing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Snorkeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Adventuring</b>
	Camping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Orienteering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Rock Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Sports</b>
	Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Guitar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Performing Arts</b>
	Piano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Singing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Dancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Arts &amp; Crafts</b>
	Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Special Skills</b>
	Group Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Work with individuals with special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Enterprise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Environmental Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Conflict Resolution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Facilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

1. What are your reasons for applying to this internship?

Reasons of applying	2. Please provide a summary of your best skills and experience and how they relate to your desired role.
	3. What skills and experience do you want to gain from this internship?
	4. Overall, what can you contribute to the internship program?
Other skills / qualifications	5. Please list what computer programs / apps you have used and your proficiency in them.
	6. If you have studied Japanese, please indicate how long you've been studying Japanese for and your level of: <ul style="list-style-type: none"> <li>- Hiragana:</li> <li>- Katakana:</li> <li>- Kanji:</li> <li>- Speaking/Listening comprehension:</li> </ul> Please provide a quick self introduction in Japanese if possible.

**Disclaimer & Confirmation**

*Osaka YMCA does not charge fees for individuals to join our Internship program.  
All information provided is confidential and shall be managed on a need to know basis.*

I, personally, have completed this application fully and honestly. I have not had another person complete this application for me.  
If any details change regarding information I have provided in this application, I will immediately notify Osaka YMCA.

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

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

Osaka YMCA Global Department  
Address/ 1-5-6 Tosabori Nishi-ku Osaka, 550-0001, Japan  
Number/ +81-6-6441-5088