



Pro American Educational And Cultural Exchange

Representative Application & Agreement

Attach head size PHOTO here for ID Card & Office Database file.

Name(s) Birthdate SS# (confidential) Spouse Address County Local School District: Home Phone# Work # Fax# e-mail address Cell Phone Earliest time to call AM, Latest PM Present Occupation(s) Foreign Languages spoken fluently Degrees or diplomas

FULL SERVICE REPRESENTATIVES:

LOCAL AREA REPRESENTATIVE: Must perform all critical promotional and support services in bold type with asterick (\*) below; should help in as many other functions as able. Should have some experience REGIONAL COORDINATOR: Give on-site training and telephone backup support to new reps; may also act as area representative in own locale. Must have been area representative for at least one year.

Support Services: I can help PEACE in the areas checked below.

- \*STUDENT LIAISON: Be a friend, advocate, and counselor to students in my immediate area. Greet on arrival; visit or phone monthly; hold orientations; mediate differences; facilitate student moves, as needed. \*HOST FAMILY MENTOR: Advise and console new host parents (from personal experience or training) \*MEETING FACILITATOR: Help organize and run post-arrival and re-entry student/family orientation. CHAPERONE: P.E A C.E. Annual 1 week bus trip in April. Local one day activities. ACTIVITY COORDINATOR: Organize a local field trip or other activity for students in region.

Promotion & Recruiting: I can help PEACE in the areas checked below.

- \*PLACEMENT SPECIALIST: Conduct home inspection & host screening interviews as assigned Distribute public service announcements to media in my area to request help finding host families. PRESENTER: Speak in schools, churches, and/or club meetings to promote the program to find host families and/or outbound students. Available: days, evenings, weekends STUDENT RECRUITER: Conduct screening interviews, language tests, Pre-dep Orientation, scholarship fund-raising; Collect program fees; Assist with Visa, Airfare, Post-dep liaison APPROXIMATE HOURS ABLE TO COMMIT: Weekly Monthly MILES WILLING TO TRAVEL FROM HOME ONE WAY (120 Maximum allowed by DOS) COUNTIES (or countries) WILLING TO WORK SEASONAL OR OTHER RESTRICTIONS (if any) BEST DAYS & TIMES: UNAVAILABLE:

COMPENSATION: Please pay me according to the program schedule for my time and expenses. Please donate ( my time and mileage -or- my time only) to a scholarship fund for private school tuition for incoming students when local public school will not admit them; for outbound American students; -or- where need is greatest. Send me a receipt for the full value of my donations at year-end for tax purposes.

***Please list the most recent community services you have been involved in and when:***

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

***Please tell us why you would be a good representative for the P.E.A.C.E. Program:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please list one personal and one professional reference:***

Name: _____	Name: _____
Relationship _____	Relationship _____
Telephone: _____	Telephone: _____
Street address: _____	Street address: _____
City, State, Zip: _____	City, State, Zip: _____

## **Agreement**

I want to help the P.E.A.C.E. Student Ambassador Program be more effective in my area, and to help students and hosts make the necessary adjustments for a successful experience. I authorize any government, public or private agency, organization, institution, company, or personal reference to release information held on me which may reflect on my qualifications to be a representative of the P.E.A.C.E. Student Ambassador Program.

As an agent of P.E.A.C.E., Inc. I agree to follow all required policies and procedures as described in bulletins and manuals provided to me by the organization for the commitments agreed to on the front of this form, including to keep and promptly remit to the main office an accurate written record of contacts with students and hosts on forms provided. I will observe, evaluate, and make recommendations as seem appropriate, but will not incur liability for PEACE, make commitments to participants, nor relocate any students without express prior authority from the PEACE Main Office. I will not knowingly violate or allow in my line of supervision any participant violation of U.S. Dept of State regulations.

I agree not to engage in competitive or other activities or associations that would compromise effectiveness of P.E.A.C.E. in my community or state. I agree to keep confidential all participant /personnel records or files, trade secrets, financial journals, prospect leads, or any other sensitive materials or information entrusted to me or learned of in the course of my work for P.E.A.C.E., except as is required for disclosure to a court of law.

I understand my compensation to be as stated in the Representatives Guidelines, but that said schedules are subject to change at the discretion of P.E.A.C.E. upon written notification to all representatives or agents. I further understand that this is an independent contractor agreement and so no employer-employee relationship exists between me and PEACE in the execution of the activities on this form, and that any reportable income will be so noted on an IRS form 1099 at the end of each year, and that I shall be solely responsible for declaration and payment of my tax liabilities.

*\* This paragraph does not pertain to hourly or salaried office employees except when performing field rep services.\**

I understand P.E.A.C.E., Inc. maintains final jurisdiction over all aspects of the program. Therefore, in any dispute between myself and P.E.A.C.E., Inc. I acknowledge by my signature that P.E.A.C.E., Inc. has final authority, including to terminate this or other agreements at any time, (except being still obligated to compensate for services rendered by me prior to termination and not yet paid for) I agree to honor any commitment made by me for support services and to maintain that support for the duration of the designated student(s)' stay, unless I am unable due to extreme emergency.

An addendum to this agreement to describe additional responsibilities of me and or PEACE [ \_\_\_ is \_\_\_ is not] attached.

\_\_\_\_\_  
Corporation name, address, and phone if applicable relationship established herein:

\_\_\_\_\_  
SIGNATURE(s)

\_\_\_\_\_  
DATE

**Please return this form by fax to 570-277-0607 -or- E-mail as attachment to: paz@peace-inc.org  
Mail original to: P.E.A.C.E., Inc., 40 Water Street., New Philadelphia, PA 17959**