

MEMBER EXCHANGE AGREEMENT

Host:

Organization Name:

Contact:

CEO or Organization Director:

Exchange Supervisor:

Visitor:

Name:

Organization Name:

Contact:

CEO or Organization Director:

Both parties have agreed upon the following goal, expectations and responsibilities. Both parties acknowledge the IFCW has no liability pertaining to the exchange, including expenses, safety of participants, or achievement of goals.

Each participant will be under the direct supervision of a senior staff at the organization where the exchange will occur, and this person will be responsible to ensure that employees have a full learning experience while in their country (i.e. this person will facilitate the participation of employees in one or more levels of their agency, depending upon their interests and training).

A. PROFESSIONAL DUTIES & ROLE OF VISITOR AND HOST

B. GOALS OF THE EXCHANGE

C. TRAVEL

The following visitor will pay for and make all travel arrangements.

The visitor will be met and greeted by the host organization at the airport and transported between scheduled events and activities.

Primary mode of transportation in host country:
private car, public bus, rail, etc

D. HOUSING & FOOD: PERSONAL EXPENSES

1. Housing options: visitor is responsible, host is responsible

2. Describe the accommodations that will be provided: (Private room with locking door, Private restroom, Electricity, Plumbing, Internet Access)

3. Food will be the responsibility of:

4. All miscellaneous expenses will be the responsibility of:

5. Other funding or financial arrangements:

E. LANGUAGE PROFICIENCY, CULTURAL EXPECTATIONS, LOCAL LAWS & CUSTOMS

The host speaks the following language(s):

Language: Minimal Moderate Fluent

Language: Minimal Moderate Fluent

Language: Minimal Moderate Fluent

The visitor speaks the following language(s):

Language Minimal Moderate Fluent

Language: Minimal Moderate Fluent

Language: Minimal Moderate Fluent

Visitors should be aware of the following cultural expectations and local laws:
(Male/female customs, religious cutoms, dietary restrictions, political restrictions)

Visitor and host agree to maintain standards of behavior that will reflect credit on IFCW, the child welfare profession, and their country.

Visitors will refrain from engaging in dangerous activities.

Visitors will adhere to the itinerary agreed upon at all times.

F. EMERGENCIES (CONTACTS AND PROCEDURES IN CASE OF NATURAL DISASTERS, SICKNESS OR INJURY, ETC)

Host Emergency Contact:

Visitor Emergency Contact:

Visitor will be responsible to contact his/her own embassy in event of an emergency.

Host Consulate contact information:

Visitor Consulate contact information:

G. RESPONSIBILITIES AND LIABILITIES (LEGAL PROBLEMS, MEDICAL INSURANCE, ETC)

Visitor assumes responsibility for obtaining his/her own medical insurance valid and payable in country visited.

Host assumes no responsibility for visitor's behavior and actions.

IFCW assumes no responsibility for host or visitor's behavior and actions.

I hereby release and discharge the International Forum for Child Welfare (IFCW) and its respective successors, officers, agents and employees from any and all claims, damages, liabilities or expenses which I or my successors, dependents, beneficiaries, heirs, executors, administrators or assigns may or hereafter have against any or all of such parties on account of or in connection with IFCW member exchange or my participation therein. I agree that I shall indemnify and hold harmless IFCW and their respective successors, officers, agents and employees against any and all claims, damages, liabilities, or expenses which any such party may incur on account of or in connection with my participation in IFCW member exchange. The foregoing release and indemnity shall continue to apply to each officer, agent or employee even though such individuals may cease to serve in such capacities and shall inure to the benefit of the legal representatives, successors and assigns of such individuals.

Signature, host

Signature, visitor

Required forms/documents are completed with photocopy attached, including:

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Criminal Record Check Enclosed | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Global Medical Assistance Card | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Immunization Record | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Passport | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Professional Visa | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Liability Insurance | <input type="checkbox"/> YES | <input type="checkbox"/> NO |