

## **APPLICATION for participation in the Open World COUNTRY 2022 Program**

Nominating Organization:

# I. Instructions for CANDIDATES

The application consists of 11 pages. Page 2 is to be completed by the nominating organization. Pages 3-11 are to be completed by the nominating organization’s candidate in block letters. Please return the completed application **in MSWord format** to APPLICATION RECIPIENT. **Include signed and scanned copies of the final two signature pages with your completed application.**

# The Open World Program is the largest U.S. government exchange in the legislative branch of government and is funded by the U.S. Congress. No payment is needed for processing the application or visa. The program will provide the participant with international airfare, as well as meals, transportation, and lodging within the United States.

**Application Instructions:**

1. The application should be completed electronically. PLEASE ANSWER ALL QUESTIONS. If you are unable to answer a question, please enter “not applicable” or a dash.
2. All telephone numbers are to be given with area codes assuming that you will be receiving calls from COUNTRY and/or America.
3. The contact address should be a permanent, reliable one, either for home, work, or relatives where delivery is guaranteed
4. All dates are to be given in the order: day/month/year.
5. It is important that you include all information regarding your passport. It would be best to provide a photocopy of the passport information. The lack of a passport may affect your selection for the program if there are strict time restraints. If you will be getting a new passport, please provide us with the new information as soon as possible.
6. In describing your primary employment, please describe your organization and your duties and responsibilities.
7. PLEASE DO NOT ABBREVIATE.
8. Do tell us if you have ever visited the United States before.
9. Your answer on page 11 regarding your program goals is very important in the selection process and in tailoring the program to your needs and interests.
10. You may find additional information about the Open World Program in English on our website: [www.openworld.gov](http://www.open-world2002.gov)



## **APPLICATION for participation in the 2022 Program**

Nominating Organization:

**To be completed by the NOMINATING ORGANIZATION**

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| --- | --- | --- | --- | --- |
| **Full Name: (nominator)** | |  | | |
| **Place of work/position:** | |  | | |
| **From whom did you receive this application form?** | |  | | |
| **Your telephone number:** |  | | **Additional phone number:** |  |
| **Fax number:** |  | | **Email address:** |  |
| **I nominate the following person (full name):** |  | | | |
| **Recommendation.**  Your recommendation is required by the selection committee in order to understand your position as the nominator. Explain why, in your view, the applicant should take part in the Open World Program.  Please write about the achievements of your applicant in his/her professional activities, relating to the theme of the program. The recommendation can be written in Language or English. | | | | |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Nominator Date**

**Theme:**

**Social Issues/Healthcare  Primary and Secondary Education**

**Local governance  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To be completed by the APPLICANT**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name:** |  | | | | | | | | | | |
| **First and Middle Name:** |  | | | | | | | | | | |
| **Date of Birth:** | **Day** |  |  | **Month** |  |  | **Year** |  |  |  |  |

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| **1. PLACE OF PERMANENT RESIDENCE (AS INDICATED IN PASSPORT)** | | | | | |
| **City/Town/Municipality:** |  | **Region:** |  | **Code:** |  |
| **Street Address:** |  | | | | |

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| **2. CONTACT MAILING ADDRESS** | | | | | |
| **City/Town/Municipality:** |  | **Region:** |  | **Code:** |  |
| **Street Address:** |  | | | | |
| **Name of Contact, Company, Organization:** |  | | | | |

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| **3. CONTACT INFORMATION** | | | |
| **Home Telephone No. (with area code):** |  | **Social Media Contact (Optional):** |  |
| **Cell Phone No. (with area code):** |  | **Other Number:** |  |
| **E-mail Address No. 1:** |  | **E-mail Address No. 2:** |  |

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| **4. ADDITIONAL PASSPORT INFORMATION**  ***(Please include a photocopy of your passport.)*** | | | | | | | | | |
| **Last name and First Name as it appears in the Passport in Latin script:** | | |  | | | | | | **Gender:**  М  F |
| **Passport No.:** | **Ser.** |  | | **№** |  | | **Expiration Date:** |  | |
| **Citizenship:**  CITIZENSHIP  Other (please explain) | | | | | | | | | |
| **Are you a resident of another country?** | | | | | | | | | |
| PLACE OF BIRTH AS IT APPEARS IN YOUR PASSPORT | | | | | | | | | |
| **City of Birth:** | | | | | | **Country of Birth:** | | | |
| **Please list other surnames used (for example: maiden name)** | | | | | | | **Marital Status:**  single  married  divorced  widowed | | |

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| **5. Primary occupation, starting with current position**  ***(Please do not use abbreviations)*** | | | |
| **Work Tel. 1:**  **(city code/number)** |  | **Work Tel. 2:**  **(city code/number)** |  |
| **A) *Present Occupation*** | | | |
| **Starting Date – (month/year) - Present** | | | |
| **Name of organization:** | | **Position and responsibilities:** | |
| **Your Employer’s Website Address:** | |  | |
|  | |  | |
| **B) *Previous place of work*** | | | |
| **Starting Date: (month/year)– Termination Date – ( month/year):** | | | |
| **Name of organization:** | | **Position and responsibilities:** | |
| **) C) *Previous place of work*** | | | |
| **Starting Date: (month/year)– Termination Date – ( month/year):** | | | |
| **Name of organization:** | | **Position:** | |

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| **6. Information about Current Professional Activity for which you were Nominated for the Open World Program**  ***(The questions below are included in order to obtain more detailed information about your professional activities and will help the local host organization d program content for your stay in the US.)*** |
| **Give a short (2-3 sentences/ 5 lines maximum) description of the organization where you are currently employed and of your professional activity in this position:** |
| **Position of your direct supervisor:** |
| Type of organization - *please choose one from the following categories A through H and provide additional information as requested:* |
| Governmental body (non-legislative). Please indicate the level:   **National** Is this an elected position? Regional  Yes  Local  No |
| Governmental body (legislative branch): Please indicate the level:   **National** Is this an elected position? Regional  Yes  Local  No |
| 1. **Governmental agency/enterprise** |
| 1. **Non-governmental and public organizations. Please specify area of activity:** |
| 1. **Educational Institution**   Secondary educational institution  Institution of higher education  Other (*please specify*):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Specialization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| 1. **Healthcare Institution**   *Note one of two:*  out-patient clinic  in-patient clinic  *Note one of three:*  Commercial enterprise  Partially privatized enterprise  Public enterprise |
| 1. **Private enterprise**   *Please specify the field:* |
| **Other** *Please specify:* |

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| **How many people work in your organization?**  Less than 10  11-20  21-50  51-100  Over 100 | |
| **How many subordinates do you have?**  Less than 10  11-20  21-50  51-100  Over 100 | |
| In case you have a supervisor, how many subordinates does he/she have? Less than 10  11-20  21-50  51-100  Over 100 | |
| In case you have a supervisor, how many supervisors does he/she have?  **0  1  2  3  Over 3** | |
| **How long have you been working in this organization?**  less than 1 year  1 to 5 years  6 to10 years  Over 10 years | |
| **Please indicate the activities that are part of your main duties at work:** | |
| Artist  Attend political party meetings  Conduct economic development activities  Conduct international work  Conduct long-term planning/forecasting  Conduct needs assessments  Conduct training of staff or clients  Coordinate activities of multiple organizations  Develop or implement industry or organization standards  Engage in commercial activities  Give interviews  Journalist  Lobby government officials or legislators  Make public appearances  Manager in the field of arts  Perform data analysis  Perform financial or operational audits  Plan private industry production and distribution  Provide information to the public  Provide social/human services  Respond to public inquiries  Serve on a board of directors  Teach university students  Work in media  Work with databases  Work with public safety/emergency issues  Other (specify) | Attend meetings with govt. officials  Civil servant  Conduct fundraising activities  Conduct interviews  Conduct marketing/advertising activities  Conduct research  Conduct urban or regional economic planning activities  Coordinate or manage human resources  Draft legislation or policy statements  Gather and/or analyze public opinion  Give lectures  Land use planning  Make government/public policy decisions  Manage government organization  Meet with constituents  Perform evaluations of projects or work performed  Plan and/or monitor finances or budgets  Prepare economic analyses  Provide medical or health care services  Represent clients in legal matters  Serve as judge or judicial official  Teach school students  Work as activist or advocate on social issues  Work on an election campaign  Work with information technology  Write articles/press releases/reports/speeches |

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| **7. CURRENT CIVIC ACTIVITIES**  ***(for example: judicial council, school council, civic organization, etc. Do not abbreviate.)*** | | | | |
| **Name of organization:** | **Responsibilities:** | **Start date (month/year):** | **Number of hours per month:** | **Is this a volunteer position unrelated to your primary work?** |
| **1.** |  |  |  | Yes  No |
| **2.** |  |  |  | Yes  No |

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| **8. CURRENT WORK AS TEACHER/TRAINER**  ***(not to be completed if your primary work is teaching or training)*** | | | | |
| **Name of organization:** | **Responsibilities:** | **Start date (month/year):** | **Number of hours per month:** | **Is this a volunteer position unrelated to your primary work?** |
| **1.** |  |  |  | Yes  No |
| **2.** |  |  |  | Yes  No |

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| **9. CURRENT POLITICAL ACTIVITIES**  ***(Please do not abbreviate.)*** | | | | |
| **Name of political party/movement:** | **Responsibility:** | **Start date (month/year):** | **Number of hours per month:** | **Is this a volunteer position unrelated to your primary work?** |
|  |  |  |  | Yes  No |

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| **10. ADDITIONAL LEGISLATIVE POSITIONS**  ***Please indicate any position you have held in a legislative body, beginning with the most current position, which is not related to your current primary position. Do not use abbreviations*** | | | | |
| **Level of government in which the you work or worked in a legislative body** | **Position Title:** | **Starting date**  **(month/year)** | **End date**  **(month/year)** | **Was this an elected position?** |
| National  Regional  Local/Municipal |  |  |  | Yes  No |
| National  Regional  Local/Municipal |  |  |  | Yes  No |
| National  Regional  Local/Municipal |  |  |  | Yes  No |

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| **11. EDUCATION, PUBLICATIONS, GRANTS, and CONFERENCE PRESENTATIONS**  ***(Please do not abbreviate.)*** | | | | | | | |
| Level of Education: Uncompleted Secondary Education  General Secondary Education  Specialized Secondary Education  Uncompleted Higher Education  Higher Education  Candidate of Science  Doctor of Science | | | **Knowledge of English (Knowledge of English is not part of the selection criteria. This information is needed for choosing a host family.)**  None  I know a few words  Basic Conversation  Conversational  Fluent | | | **Please list the other foreign languages that you do speak:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Last institution of higher education from which you graduated and area of specialization in you earned your degree:** | **A** | | | | | | |
| **Other educational institution where you studied no less than 2 years and graduated and area of specialization in which you earned your degree:** |  | | | | | | |
| **Please indicate the titles of your last three publications (books or articles) or radio/TV programs that you have created:** | | | | **Place of publication, publisher, name of media outlet:** | | | **Date of publication or broadcast:** |
| 1. | | | |  | | |  |
| 2. | | | |  | | |  |
| 3. | | | |  | | |  |
| **Total number of publications**: | | | |  | | |  |
| **Received grants:**  **Name 3 of the most significant projects from received grants** | | | | **Grant given by:** | **Amount in US dollars:** | | Year Grant Received: |
| 1. | | | |  |  | |  |
| 2. | | | |  |  | |  |
| 3. | | | |  |  | |  |
| **CONFERENCE PARTICIPATION**  **AS PRESENTER**  **Provide name of conference Topic** | | **City/**  **Country** | | **Name of presentation** | **Conference organized by:** | | **Year** |
| 1. | |  | |  |  | |  |
| 2. | |  | |  |  | |  |
| 3. | |  | |  |  | |  |
| RECOGNITION AWARDS  Indicate type (Award, Certificate, or Other): | | **Title** | | | | | **Year** |
| 1. | |  | | | | |  |
| 2. | |  | | | | |  |
| 3. | |  | | | | |  |

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| 13. PERSONAL INFORMATION*(Please do not abbreviate.)* | |
| **Last name/First name/Middle name of emergency contact:** | **Emergency contact telephone number in COUNTRY:** |
| **Relationship of emergency contact to the applicant:** |
| **Religion (optional question):** | **Would you object to attending religious services if attendance is a custom of your host family?**  **Yes, I would object  No, I would not object** |
| **Are you a smoker**?  **Yes  No** | |
| Are you a vegetarian? Is there any food you avoid? If so, please specify. If you suffer from any food allergy/food intolerance, list the products that trigger your allergic reaction. Do you have any other dietary restrictions? If so, please specify. | |
| Are you allergic to any pets or domestic animals and would they be an obstacle to your staying with a host family. If so, please specify: | |
| **Medical information about your physical health. This information will not affect the outcome of the selection process. Please describe any physical restrictions, allergies, or other conditions you have, including those requiring certain medications. This information is confidential and will be used only for the process of finding a host family and in the event of a medical emergency.** | |
| **Full name of your spouse:** | |
| **How many children do you have?** sons, age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  daughters, age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Please indicate briefly your interests and hobbies. *(For example: playing guitar, swimming, collecting stamps, etc.)* | |

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| 1. INFORMATION ABOUT TRIPS ABROAD   *(Please do not abbreviate.)* | | | | | | | |
| **Have you been to the USA before?**  Yes  No | | | | | | | |
| **If yes, please give dates, type of visa and purpose of travel** | | | | | | | |
| From | | To | | Type/class | | Purpose of travel (tourism, business, conference, education, other) | |
| **Month** | **Year** | **Month** | **Year** |
|  |  |  |  |  | |  | |
|  |  |  |  |  | |  | |
| **Please indicate all foreign countries you visited in in the past 10 years:** | | | | | | | |
| Name of country | | | |  | Purpose of travel **(tourism, business, conference, education, other)** | | |
|  | | | |  | | | |
| **Have you participated in a United States Government sponsored exchange program before?**  Yes  No  **(if yes, list name of program and dates):** | | | | | | |

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| **15. JOINT PROJECTS WITH AMERICAN ORGANIZATIONS** |
| Have you participated in a professional or other joint project with American governmental, private, or non-profit organizations? **Yes, and I continue to participate**  **Yes, I have participated in the past**  **No**  If you have answered “yes,” then please describe the project in 2-3 sentences. |

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| 16. ESSAY (not more than 10 sentences)  *(Dear Candidate! Your answer will be read by the selection committee and may determine your participation in the program. If selected, the local host coordinator will use this information to tailor the community program for you.)* |
| Please describe the main focus of your professional activity (this may be associated with your primary position or an additional position) for which you were nominated for the Open World Program. What knowledge and experience do you expect to acquire as a result of your participation in the program? |

I certify that the information provided in this application is authentic. I understand that final approval of my candidacy for the program depends on the availability of and compliance with the conditions of my J-1 visa for participants of exchange programs. In accordance with the terms of the J-1 visa, I promise to return to my home country after finishing the program.

# I am aware that the Open World Program is an exchange program within the legislative branch of the United States government and receives annual funding from the U.S. Congress, and therefore nomination and participation in the program does not imply any financial cost to the participants.

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Signature Date



# **Congressional Office for International Leadership Policy on Candidate and Program Participant Information**

Candidate and program participant information is essential to the Congressional Office for International Leadership to conduct the program, assess program quality and effectiveness, and to develop new related projects.

The Congressional Office for International Leadership strictly adheres to principles of confidentiality of information received from candidates and program participants, and the information will be used according to the provisions set forth in this document. Key provisions of this document are valid only for the Congressional Office for International Leadership. Other organizations involved in the administration of the program may adhere to this or a similar policy on candidate and program participant information.

1. Content and means of collecting information

The content of candidate and program participant information consists of facts received in completed applications, interviews, program participation and administration. This information may include personal information such as contact data and data on education, professional experience and employer organization.

The specified information is retained by the Congressional Office for International Leadership in written and electronic formats. Some information, such as contact data, is updated in order for Center representatives to maintain contact with participants. This will allow participants to receive additional information about new programs and projects, and also to evaluate the effectiveness of programs sponsored by the Center.

1. **Use of information**

The information is used:

* In the selection committee’s consideration of candidates to participate in the program
* In selecting an appropriate host family for the participant
* To evaluate the effectiveness of your participation in the program in accordance with rules established by the program
* To alert alumni in a timely manner to upcoming events, programs, and projects in which they are eligible to participate
* When collecting data to assess the effectiveness of programs
* To provide networking opportunities for alumni of all U.S. government sponsored programs
* To provide alumni with opportunities for professional development by sharing their information with non-profit organizations.

Information about individuals, candidates, and program participants may also be used by the Congressional Office for International Leadership, donors or authorized representatives for statistical and evaluative program research. Data analyzed for this purpose may be published only as statistical data. Personal data is not published. The exception is that information is shared with organizations that host for the program and with organizations that provide professional development opportunities, small grants, programs, and events for alumni. Materials provided by participants and alumni directly to the Center may also be published unless the Center is told explicitly not to publish these items.

By signing this document, you are consenting to the collection, use, storage, and dissemination of information about you in accordance with the terms set forth above.

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Signature Last Name, First Name, Middle Name Date

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