

AMERICAN RESEARCH INSTITUTE OF THE SOUTH CAUCASUS

EXPERIENCE THE SOUTH CAUCASUS FELLOWSHIP PROGRAM STATEMENT OF RESPONSIBILITY

The American Research Institute of the South Caucasus' (ARISC) Experience the South Caucasus Fellowship Program is designed to promote an appreciation of the people and cultures of the South Caucasus through blending experiential and classroom learning; this program allows you to be immersed in the host country's culture. The program is also designed to provide a safe experiential learning environment, one in which all fellows will grow and learn.

I agree to comply with the behaviors outlined below:

1. I will represent myself, my group, ARISC, and my country in a positive manner. This includes
 - a. being patient and flexible if things don't go exactly as planned;
 - b. staying focused on the purpose of the program;
 - c. being open to new experiences;
 - d. keeping a positive attitude.
2. I will be kind and considerate of others.
3. I will be respectful of others' personal space and personal property, and take responsibility for the consequences of my actions.
4. I will communicate with the in-country administrators by:
 - a. Sharing my mobile phone number with the in-country administrators;
 - b. Reading WhatsApp messages and/or email messages frequently.
5. I will attend all orientations, internship programs, evening learning sessions, and field trips as scheduled by ARISC. Absences due to illness or medical excuse are acceptable.
6. I will actively promote the safety of the group by:
 - a. Being aware of my surroundings at all times;
 - b. Being responsible for my own personal property (i.e. room key, mobile phone, passport, laptop);
 - c. Refraining from traveling alone;
 - d. Making sure no one person in the group gets left behind;
 - e. Sharing concerns with the in-country administrators if I am feeling unsafe or uncomfortable;
 - f. Refraining from consumption of illegal substances;
 - g. Refraining from harassing or assaulting any group members or local people with whom I am in contact;
 - h. Maintaining all safety precautions to prevent the spread of COVID-19.
7. I understand that occasional drinking of alcoholic beverages in moderation is permitted provided that I am of legal drinking age in the U.S. (21 years). I will not engage in excessive and irresponsible drinking leading to intoxication.
8. I understand that it is best to notify and await approval from the in-country administrators if I intend to travel outside of the area in which my internship is located in my free time. I also understand that it is best to travel with another group member when I am outside the area in which my internship is located.
9. I understand that while on this fellowship, I may not travel outside the host country/countries.
10. As a fellow in the ARISC Experience the South Caucasus Fellowship Program, I will be subject to the laws of that country and to the rules and regulations of the local partner institution with which I am engaged.
11. While participating in and/or attending the ARISC Experience the South Caucasus Fellowship Program, I am responsible for my own self-care, including managing appropriate personal hygiene, medical conditions, illnesses (including mental health), disability-related needs, and other personal matters.

12. I hereby acknowledge that I have read the [U.S. Department of State Travel Advisory](#) for the host country. I am aware that the State Department may issue additional or more severe Advisories and I accept responsibility for keeping myself informed of such changes. In spite of such information, I have voluntarily decided to travel to a host country which has given risks as referenced by the particular Travel Advisory. I understand that no one at ARISC can guarantee my safety, and that I am responsible for my own personal safety. I recognize that should I decide to leave the program before the end of the program because of security concerns, I will not be entitled to receive credit or payment of any other fees or expenses for the program.
13. I will enroll in the U.S. Department of State [STEP program](#) prior to travel.
14. I will read and acknowledge the safety policies, procedures, and tips provided by ARISC, but I understand that I am ultimately responsible for researching and practicing personal safety while traveling abroad.
15. I will provide ARISC with proof of my own health insurance for the entire fellowship period and evacuation/repatriation insurance for the travel portion of the fellowship (minimum of four weeks). Travel reimbursements and stipend payments will not be made by ARISC until such satisfactory proof is received.
16. I agree that I will not take photos of anyone without their expressed consent, nor will I post them to social media without additional expressed consent.

I have read all of the foregoing points and I agree to abide by the requirements of this behavior contract. I understand and agree that I may be subject to immediate disciplinary action, including termination in the program, parental notification if under age 21, and return to the United States at my own expense, if I engage in certain misconduct, including but not necessarily limited to: *(a) use of illegal drugs; (b) excessive and irresponsible drinking; or (c) other behavior that substantially interferes with the rights of others, the enjoyment of the program by others, or the conduct of the program itself.* I further understand and agree that the determination as to the imposition of such discipline rests in the discretion of the ARISC Executive Committee, Executive Director, and in-country Resident Directors, and that their decision is final.

If, for any reason, I am not able to complete the fellowship, I will be responsible for repayment of all unused award costs issued, including but not limited to airfare, ground transportation, lodging, M&IE, field trips, and any award stipend amounts issued in advance. I understand that unused award funds must be returned to ARISC by August 31, 2022.

To express my understanding and acceptance of this statement, I sign here in front of a witness.

Fellow's Name (printed)

Signature

Date

Witness Name (printed)

Signature

Date