



Del Mar College/Student Sister City Culinary Foreign Exchange Program

Partner Agen (France)

2026 Schedule, Checklist, and Application

MISSION STATEMENT: The mission of this program is to promote goodwill and cultural understanding between Corpus Christi and our sister cities.

I. EXCHANGE PROGRAM TIMELINE

January 20, 2026 Application window opens

February 10, 2026 Application deadline. See page 7 in this packet for details

Deadline for the 2025 Culinary Foreign Exchange Program application February 10, 2026

Send completed packet to: lpollaki@delmar.edu

February 16-20, 2026 Student interview scheduled

March 3, 2026- The student who is selected for the Summer Exchange Program will be notified

March-April, 2026 Student Orientation with Sister City representatives. Students may be required to pay for 100% of their airfare, partial scholarships may be available. Students will pay for any personal expenses while abroad.

May 30, 2026- Depart Corpus Christi for Toulouse

May 31, 2026- Arrive Agen, France – walking tour

June 1-12, 2026- Student works at 3-4 restaurants/ bakeries with renowned Chefs to learn local cuisine and culture. Student will demo Texas recipe @ Culinary High School, Day trips scheduled to local agriculture, aquaculture and vintners in Agen, Bordeaux, Toulouse

June 13, Depart Agen, France. Student may travel on their own or return to Corpus Christi

Tentative Schedule Culinary Exchange Sat. 30 May 30- June 13, 2026

II. PROGRAM OVERVIEW

Eligible Candidates must:

1. Have completed 33 or more credit hours in their Culinary Arts AAS or Baking/Pastry AAS degree plan by the application date (excludes Developmental Education Classes).
2. Be currently enrolled at Del Mar College for Spring 2026, and pre-registered for Fall 2026 by April 30, 2026. BAS- OML students are eligible.
3. Maintain a 3.0 or above GPA- verified by Faculty Advisor.
4. No record of Del Mar College code of conduct violations.
5. Have one CAHM faculty recommendation
6. Have one employer recommendation
7. Have completed Faculty Advisor form
8. At least one or more years of verifiable hands on work experience in Culinary or Baking
9. Have an excellent class attendance record- verified by faculty attendance records.
10. Be available for all commitments during the exchange activities.
11. Be able to attend all necessary training sessions
12. Be willing to represent their school, the City of Corpus Christi, the State of Texas, and the United States as a Goodwill Ambassador, both abroad and in the United States
13. Obey all laws of the United States as well as the laws of their host country
14. Obtain travel insurance and medical insurance for traveling and living abroad
15. Collaborate with their foreign guest and give a presentation about their exchange experience.

Additional Selection Criteria

- Extensive Culinary and Baking knowledge
- Involvement in Student activities/ leadership roles
- Community activities/involvement
- Willing to comply with the student exchange agreement.

Knowledge/willingness to learn the culture/customs of the assigned exchange country

III. STUDENT APPLICATION CHECKLIST

Use this list to ensure all required materials are complete **before submission**.
Please attach or upload each item where indicated.

✓	Required Item	Notes / Verification
<input type="checkbox"/>	1. Student Application Form with all required signatures	Confirm all sections are filled out and signed.
<input type="checkbox"/>	2. Photograph Release Form	Allows use of photos/video for program materials.
<input type="checkbox"/>	3. Student Guidelines Agreement/Contract	Acknowledges understanding of program expectations. Signed commitment to program rules and responsibilities.
<input type="checkbox"/>	4. Faculty Recommendation Form	Completed and signed by a faculty member. Includes verified GPA, declared major, total degree-plan hours completed, and attendance confirmation.
<input type="checkbox"/>	5. Faculty Advisor Form	
<input type="checkbox"/>	6. Employer Recommendation Form	From current or recent employer.
<input type="checkbox"/>	7. Texas Recipe Exchange Video	Must meet all stated criteria and file format requirements.
<input type="checkbox"/>	8. Current Food Manager Certification	Copy of valid certification attached.

Required Items After Selection

All selected participants must submit the following before departure:

✓	Item	Notes / Instructions
<input type="checkbox"/>	Background Check	Complete and provide documentation of clearance.
<input type="checkbox"/>	Indemnification Form (<i>must be notarized</i>)	Signed and notarized; protects the program and institution.
<input type="checkbox"/>	Verification of Ability to Obtain Medical & Travel Insurance (<i>must be notarized</i>)	Proof that you can secure adequate coverage while abroad.

Deadline for Submission: _____

Student Name: _____

Program Staff Review: _____

IV. Student Application form:

Link to fillable form: <https://form.jotform.com/252874011429052>

Application Form

Personal Information

- **Name:** _____
- **Address:** _____
- **Email:** _____
- **Phone:** _____

Emergency Contact

- **Name:** _____
- **Relationship:** _____
- **Phone:** _____

Academic Information

- **Major(s):** _____
- **Graduation Date (actual or anticipated):** _____

Activities & Leadership

- **Student Clubs/Organizations & Roles:**

Work Experience

- **Employer / Position / Dates:**

Foreign Languages

- Language: _____ Years Studied: _____
- Fluency Level (basic / intermediate / fluent): _____

International Experience

- Countries Lived or Traveled:

Accessibility & Health

- ADA Accommodations or Restrictions:

- Dietary Restrictions:

Signature: _____ Date: _____

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3. Student Guidelines Agreement and Contract

- By placing my initials below where indicated on the lines, I verify that I have read the Del Mar College Student Summer Student Exchange Program "Schedule and Application" packet and agree to the following (student must initial):

_____ Be available for interviews;

_____ Attend required training sessions;

_____ Be available to present, discuss, and share my learning experiences upon my return from the exchange.

_____ Prepare and deliver a 5-10 minute presentation representing my stay in the Sister City to which I was assigned. I will give my presentation in front of the Sister Cities Committee upon their request or as otherwise directed.

- By placing my initials below where indicated on the lines, I understand and agree that, if chosen, I shall abide by all of the rules of responsible conduct expected of me while living with the host family/visiting the area and shall observe the laws of the United States and the host country (student must initial):

_____ The Corpus Christi Sister Cities Committee reserves the right to disqualify any student at any time from the application process if he/she is found to be ineligible.

_____ The Corpus Christi Sister Cities Committee reserves the right to alter or remove a student, once selected, due to unfulfilled requirements or disciplinary problems.

_____ The Corpus Christi Sister Cities Committee reserves the right to change the hosting cities due to home hosting obligations and/or problems.

_____ I am participating in the Del Mar College Culinary Foreign Exchange Program courtesy of the Corpus Christi Sister Cities Committee. I understand that my behavior is a reflection on me, my family, my city, and my country, and I agree to conduct myself in a manner that will honor them all. I will show respect for the country that I visit, as well as its customs, food, culture, and family values.

_____ I will abide by all of the rules of responsible conduct expected of me while living with the host family/visiting the area and shall observe the laws of the United States and the host country.

Student signature: _____

Date: _____



4. Del Mar College Faculty Recommendation

(To be completed by a Del Mar College Faculty member- must have at least one from CAHM faculty)

Student's Name _____

Del Mar College Faculty Name): _____

Title: _____

Based on the above student's academic performance, attendance record, intellectual curiosity, maturity and adaptability, teamwork and collaboration, leadership and initiative, communication skills, willingness to learn, and ability to interact with different perspectives and cultures respectfully, do you recommend him or her for the Corpus Christi Sister Cities Del Mar College CAHM Summer Exchange Program?

Yes No

2. Comments (please explain why you do or do not recommend this student). Attach a separate response page if necessary.

Signature: _____

Date: _____

Contact email address: _____

Contact phone number: _____



DEL MAR COLLEGE



5. Faculty Advisor Recommendation Form – Culinary Foreign Exchange Program

Student Name:

Student ID #:

Current GPA:

Major:

Has student completed at least 33 credit hours towards completion of Culinary Arts or Baking/Pastry degree (does not include Dev Ed classes):

Expected or Actual graduation date:

Has the student earned any additional awards, certificates, or degrees?

Recommender's Name:

Recommender's Email:

Recommender's Institution/Department:

Recommender's Phone Number:

1. Please describe how long you have known the applicant and in what capacity.
2. Please describe the level of personal maturity, integrity, and responsibility you have witnessed in the applicant.
3. Are you aware of any legal, personal, academic, financial, psychological, relational, or other difficulties the applicant has that might prevent him or her from successfully engaging in the Culinary Foreign Exchange program? If yes, please describe any concerns.

By signing and submitting this form I state that all the information in this certification form is true to the best of my ability and knowledge.

Signature: _____

Date: _____



DEL MAR COLLEGE



6. Employer Recommendation – Culinary Foreign Exchange program

Your Information:

Name

Position

Company Name

Company Address

City, State, Zip Code

Email Address

Phone Number

Today's Date

Student Information:

Student's Name

Employment Dates

Position Title

Job Duties

Did you supervise this student? Yes no

If not, what was the nature of your working relationship?

Describe the student's strengths (examples- leadership, client interaction skills, initiative, multitasking, and effective communication)

Identify any weaknesses. Did these negatively affect their job performance? Did they realize these shortcomings and make efforts to improve them?

This student has applied for a Culinary Foreign Exchange program through Del Mar College and the Sister City Committee. Since they will serve as an ambassador for our country, state, and Coastal Bend region, please explain why you believe they would — or would not — be a good representative.

Signature: _____



Agen France Sister City video recipe exchange guidelines

Due February 10, 2026

Open to currently enrolled DMC students (CAHM department current or recent alum-needed for application), local chefs, and community members

- Choose a theme- traditional local ingredients, holiday, seasonal, family celebrations.
- Content 5-10 minutes long.

Each video should include:

- Introduction of the cook and where they're from.
- Background/history of the recipe. Feature traditional local recipes - can be holiday, seasonal, or family celebrations.
- Step-by-step cooking process, including ingredient amounts.
- Serving suggestion.
- Short cultural fun fact about the city can be included.
- Subtitles in French and English – submit to Jason at College Relations by February 2 for captioning.
- Approximately 5-10 minutes long

Showcase:

- Host virtual watch parties where both cities can watch live and discuss.
- Share videos on You Tube channel or social media.
- DMC CAHM Sister City winner will do demo in Agen France for local HS students/ and or residents.

INDEMNIFICATION FORM

THE STATE OF TEXAS

COUNTY OF NUECES

I, _____, the undersigned, in consideration of benefits to be received by me and my family, shall fully indemnify, save and hold harmless Del Mar College, its Regents, Employees, Representatives, and Agents, and the Sister Cities Committee, its members and volunteers (hereinafter jointly and severally "the Indemnitees"), against any and all liability, damage, loss, claims, demands, and actions of any nature whatsoever on account of personal injuries (including, without limitation, the foregoing workers compensation and death claims), or property loss or damage of any kind whatsoever, which may arise out of or be in any way connected with my Del Mar College Student Summer Exchange travel to and from and visit in the city and country of _____, unless such injury, loss or damage shall be caused by the sole negligence of the Indemnitees, in which case, I, the undersigned, shall, at my own expense, investigate all such claims and demands, attend to their settlement or other disposition, defend all actions based thereon and pay all charges of attorneys and all costs and expenses of any kind arising from any such liability, damage, loss, claims, demands and actions.

Student Signature (sign in front of notary):

Before me, a Notary Public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this _____ day of _____ 20____.

Notary Public in and for Nueces County, Texas



VERIFICATION OF ABILITY TO OBTAIN TRAVEL AND MEDICAL INSURANCE
WHILE ABROAD

I, the undersigned _____ hereby verify that I
(Name of student)

will obtain travel and medical insurance for travel to _____,

(Name of Host City and Country)

leaving Corpus Christi, TX on _____, and returning to Corpus Christi, TX,

(Departure Date)

on _____, and that I will provide this information upon request

(Return Date)

by the Sister Cities Committee.

Signature Student (sign in front of notary): _____

Before me, a Notary Public, on this day personally appeared _____

known to me to be the person whose name is subscribed to the foregoing instrument and
acknowledged to me that he/she executed the same for the purpose and consideration therein
expressed.

GIVEN UNDER MY HAND and seal of office this _____ day of _____, 20____.

Notary Public in and for
Nueces County, Texas