2025 Overseas Korean Adoptees Gathering

Application Guide

* **Objectives**

The Overseas Koreans Agency (OKA) is pleased to announce the 2025 Overseas Korean Adoptees Gathering to strengthen the bond between overseas adoptees and Korea, and to enhance global networks among Korean adoptees.

* **Overview**
* Title: 2025 Overseas Korean Adoptees Gathering (OKAG)
* Dates & Location: November 10 (Mon) – November 14 (Fri), 2025 (5 days, 4 nights) / Incheon & Busan
* Number of Participants: 75 overseas Korean adoptees aged 18 and above

※ This program is intended for Korean adoptees visiting Korea for the first time after adoption. If any information is found to be false or misleading, selection may be canceled, airfare support may be revoked, and future participation may be restricted.

※ Children of adoptees may consider participating through other programs such as the "Future Generation Overseas Koreans Invitation Program(Teens Camp, Youth Camp)."

**<Tentative Schedule>**

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| **Date** | **Activities** |
| **Day-1**  10 November  (Mon.) | * Arrival, Check-in, Orientation |
| **Day 2**  11 November  (Tue.) | * Info Session * Opening Ceremony & Welcome Lunch * Adoptee Network Meeting |
| **Day 3**  12 November  (Wed.) | * Leaders’ Forum & Regional Group Discussions * Cultural & Industrial Tours |
| **Day 4**  13 November  (Thu.) | * Hands-on Activities, Volunteer Work, Historical Site Visits |
| **Day 5**  14 November  (Fri.) | * Closing Ceremony, Farewell Lunch |
| ※ **Schedule is subject to change depending on internal circumstances.** | |

* **Application**

**1. Eligibility:** Overseas Korean adoptees aged 18 and over

**2. Application Procedure**

* **Application Period**

- Deadline: Until Friday, August 1(Fri.), 2025, 18:00 KST

- Selection results: August 18(Mon.), 2025 (via local embassy/consulate and personal email)

※ Selection result dates may change depending on circumstances.

* **Procedure of the application**

(Each participant must follow the following step 1 & 2 in order.)

**<Step 1>**

* Submit original signed application documents (originals – Incl. handwritten signatures) to the local Korean Embassy/Consulate (originals will not be returned).

**<Step 2>**

* Send scanned copies of all submitted documents via email to: [okafuture@korea.kr](mailto:okafuture@korea.kr)

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| **<Required Documents>**  **(MUST) Documentation Release (1 copy), Liability Release Form (1 copy),**  **Consent to Collect and Use Personal Information (1 copy)**  (If applicable) Supporting documents (e.g., vaccination record)  \* All documents must be in English or Korean.  \* Submitted documents will not be returned regardless of selection outcome.  \* Finalists may be requested to submit a passport copy.  \* Please provide a valid email address, **as key updates (e.g., selection result,**  **program schedule) will be sent via email.** |

**3. Selection Process**

▶ Document review by local embassy/consulate (July–August)

▶Review by OKA Selection Committee (August)

▶Final notification to selected participants (August)

- **Selected participants book their own flight tickets**

- RSVP required from selected participants

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| **<Selection Priority (Preferred Criteria)>**  \* First-time visitors to Korea since adoption  \* Those with no prior participation in Korean government invitation programs  \* High priority ranking from embassy/consulate  ※ Exceptions may apply if there are justifiable reasons deemed appropriate by the  .selection committee. |

**■ Support Provided**

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| **Category** | **Details** |
| **Airfare** | ▪ Roundtrip economy class airfare, **reimbursed up to the maximum set by OKA**  ※ Any amount exceeding the limit is at the participant’s expense  ▪ Participants must purchase tickets in advance and submit ticket and passport copies for  reimbursement  ▪ For itineraries including personal stopovers, airfare will be calculated based on the closest  point to Korea  ▪ Flights within 2 weeks before or after the event period are eligible for support  ※ Participants are responsible for any additional costs due to itinerary changes |
| **Hotel** | ▪ Twin rooms (2 persons per room, with breakfast included) |
| **Meals** | ▪ Three meals per day during the event (personal expenses excluded) |
| **Cultural Activities** | ▪ All entrance fees and related expenses for cultural and historical experiences fully covered |

※ **Costs not mentioned above, such as travel insurance, will not be covered and must be arranged individually.**

* **Contact information**

**Overseas Koreans Agency (OKA)**

.Future Generation Overseas Koreans Division

Phone: +82-32-585-3216

E-mail: [okafuture@korea.kr](mailto:sjkim0303@korea.kr)

Address: 34F, Booyoung Songdo Tower, 241 Incheon Tower-daero, Yeonsu-gu,

Incheon, Republic of Korea (ZIP 22009)

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| **Key things to be kept in mind** |
| * **The original files shall be written in either Korean or English.** * **Flight booking is required to be undertaken by each participant** * Documents submitted pertinent application process are not expected to be returned. * Upon finalizing the selection process, the OKA will get a hold of the selected applicants individually by requesting to send a copy of passport. * Please be sure to sate reachable contact details whereby the OKA won’t be missing out any information sharing in a timely manner. |

**[Appendix 1]**

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| **Application Form** | | | | | | |
| **Have you ever been to Korea before?**  **If yes, when and for what duration?**  **If any information is found to be false or misleading, selection may be canceled, airfare support may be revoked, and future participation may be restricted.** | | | **□Yes □No**  **(When, how many time and for what duration?)**  **(Purpose of the visit)** | | | |
| **Name**  \*Name must match passport | **(Full Name)**  Last First Middle  **(Korean Name)**, if applicable | | | | | **Photo** |
| Recent Color  Photo  (3x4cm) |
| **Gender** | **□ Male □ Female** | | | | |
| **Classification** | **□ Overseas Korean Adoptee** | | | | |
| **Date of Birth** | yy/mm/dd | | | | | |
| **Place of Birth** | **(City/Town)** | | | | **(Country)** | |
| **Country of Residence** |  | **Nationality** | | | |  |
| **Passport Info.** | **(Passport Number)** | | | **(Country of Issue)** | | |
| **(Date of Issue)** | | | **(Date of Expiry)** | | |
| **Contact Info.** | **(Home Phone No.)** | | | | **(Cell Phone No.)** | |
| **(E-mail Address)** | | | | | |
| **(Current Mailing Address)** | | | | | |
| **Emergency Contacts** | **1. Primary Contact**  **(Name)**  **(Relationship)**  **(Phone No.)** | | | | **2. Secondary Contact**  **(Name)**  **(Relationship)**  **(Phone No.)** | |
| **Language Proficiency** | **(Native Language)**  **□(High) □(Medium) □(Low)** | | | | **(Korean Proficiency Level)**  **□(High) □(Medium) □(Low)** | |
| **(English Proficiency Level)**  **□(High) □(Medium) □(Low)** | | | | | |
| **Occupation** |  | | | | | |
| **Name of Organization**  **(**\*If you have belonged to any groups for adoptees) |  | **Careers, Expertise**  **Skills, etc** | | | |  |
| **Write in detail for your careers,**  **expertise, skills**  **incl. engagement in Korean Adoptee Networks, if any.** |  | | | | | |
| **Do you plan to stay in Korea before or after the program?**  **If yes, when and for how long?** | | **□Yes □No**  **(When and how long?)** | | | | |
| **Dietary Requirements** |  | **Health Related Requirements**  **\*Allergies or medical conditions** | | | |  |
| **What motivated you**  **to apply to this**  **program and any expectations from the Gathering?** |  | | | | | |
| **Introduce**  **yourself** |  | | | | | |

I hereby pledge that the above information is all true and I will abide by all the regulations of OKA

Name (Signature)

**[Appendix 2]**

***Documentation Release***

I, the undersigned, hereby give my consent for the reproduction, use, publication, and/or exhibition by Overseas Koreans Agency (OKA) of the image or voice of the person named below, including but not limited to photographs and video recordings. I acknowledge that OKA is not responsible for any claims to damages for libel, slander, invasion of privacy, or any other claim based on use of the aforementioned materials. Neither OKA nor anyone associated with the organization has made any promise of any other compensation in relation to this release.

This release also applies to the employees, agents, licensees, successors, and assignees of OKA.

OKA may use the abovementioned materials:

* OKA website (including SNS)
* Magazines or Newsletters
* All manner of publication and media, including unrestricted use for purposes of education, exhibits, publicity, advertisement, trade, display editorials, fundraising, exhibits, and art.

Name

Address

City, State, Zip

Country

Phone Number

Signature

Date

**\* This release must be signed in order to participate in OKA invitation Program**

**[Appendix 3]**

###### *Liability Release*

In consideration of the person named below (hereinafter referred to as “I”) being allowed to take part as a participant or volunteer counselor in the Invitation Program for overseas Korean adoptees, hosted by Overseas Koreans Agency (hereinafter referred to as “OKA”), the undersigned acknowledges and agrees to the following provisions of this liability release:

1. I understand and acknowledge that the use of facilities and equipment provided by OKA and participation in the Program involves risks including, but not limited to the following: risk of property damage, bodily injury, including, but not limited to permanent disability, paralysis, and possibly death. These risks may result from a variety of circumstances including, but not limited to, the use or misuse of the facilities and equipment, from the activity itself, from the acts of myself/my family’s or others, including OKA and its agents or from the unavailability of emergency medical care.
2. I assume full responsibility for all risks that may arise out of or result from my/my family’s participation in the Program, including but not limited to those risks described in subsection 1, above.
3. In the event that any damage to equipment or facilities occurs as a result of my or my family’s willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.
4. I acknowledge that I have read, know, and agree to all of the policies and procedures relating to my/my family’s participation in the Program. I understand that the safe and proper use of all equipment, facilities or participation in activities is dependent upon carefully following these policies and procedures. I agree to comply with and abide by all OKA rules, regulations and policies. I understand that OKA reserves the right to revoke or terminate my participation in the Program for any violations of these rules, regulations and policies. In the event of such revocation or termination, I understand that I shall not be entitled to any reimburse of any costs I have paid or incurred.
5. I agree that OKA is further released from any claim whatsoever on account of first aid, treatment, or other emergency medical rendered to or on behalf of participant during participation in the Program. I consent to medical treatment for emergencies that occur during or are related to my/my family’s participation in the Program where I am unable to consent to such treatment. I agree that this provision, however, does not obligate any Released Party to provide or arrange for any medical treatment for myself or my family. And also I agree to bear the cost of such emergency treatment and to indemnify and hold OKA harmless there from.
6. I acknowledge that OKA does not provide medical care insurance coverage for participant in the Program, and that I am solely responsible for arranging and paying for any such insurance coverage.
7. I acknowledge that OKA is hereby released of any and all lawsuits, claims, or demands for damages due to personal injury, bodily injury, sickness, death, loss of property, property damage, or any other costs or expenses incurred during the course of, as the result of, or in any way connected with participant in the Program.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AGREEMENT BETWEEN MYSELF AND OKF AND/OR ITS AFFILIATED ORGANIZATIONS. I SIGN THIS DOCUMENT VOLUNTARILY, OF MY FREE WILL. IN DOING SO, I AM NOT RELYING ON ANY REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS OTHER THAN THOSE WHOSE NAME APPEARS IN THE WRITING OF THIS LIABILITY RELEASE.

### Name

### Address

### Signature

### Date

**\* This release must be signed in order to participate in the OKA invitation Program**

**[Appendix 4]**

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| **Personal Information Collection and Use Provision Agreement to Third Parties for Smooth Event Operation and Participant Management** |
| In order to ensure smooth event operation and participant management, we are providing the personal information of participants to the commissioned agency.  **<Collection and Usage Agreement>**  **Items to be collected and used The Purpose of collection and use Period of maintenance**  Name, Date of birth, Nationality, Contact information, Photo, Career experiences, foreign language proficiency,  passport no., etc. - To verify the identity of the Individual  - To give notice(information) on support and events of OKF  - To Utilize as statistical data for service/event planning and providing an optimized service according to the type of the project and the country  - To utilize as the basis for the making policy of Overseas Korean  - To contribute to the reinforcement of Overseas Korean Adoptees communities Semi-permanent  **<Recipient of Personal Information>**  We will comply with the personal information protection regulations that should be observed by personal information processors as specified in the Personal Information Protection Act of the Republic of Korea, and we will do our best to protect the rights of the subjects.  Those who wish to provide personal information to participate in the "2025 Overseas Korean Adoptees Gathering" have the right to refuse to consent to the provision of personal information to third parties for the above matters.  However, if you refuse to give consent, you may be excluded from participating in this gathering due to the impossibility of smooth event operation such as participant management.  □ Agree □ Disagree  Name: (signature) |