Host Application Packet

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Overseas Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Airport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application Instructions:

1. Type or print clearly and legibly, using black ink.

2. Give complete answers, and be sure to sign from at the bottom of the last page.

3. Provide 3 references with complete names, addresses, and telephone numbers. Your application will

not be considered without 2 references.

Please understand the completion of this application does not confirm placement of a student in your home.

Likewise, your application does not commit you to becoming a host family.

Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Father Mother

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_

Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Time in Community \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If less than 1 year, please list previous address) **CELL PHONE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List names and ages of all persons in the

Immediate family including host parents

Name Date of Birth / Sex Living in Home Relationship

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| **EMPLOYMENT** | | | |

Employer Occupation Full/Part Time Work Phone Work Hrs

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| **HOST FAMILY QUESTIONAIRE** |

1. Why does your family want to host an international student?

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2. Has your family ever hosted an exchange student before? \_\_\_ Yes \_\_\_ No If yes, when? \_\_\_\_\_\_

3. What experiences have you had interacting with teenagers outside your family?

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4. If there are no teenagers in your home, what opportunities will your student have for association

with other teenagers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. Have any of your family members had experiences with other cultures? \_\_\_ Yes \_\_\_ No If yes,

Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. Do any family members speak a foreign language? If yes, what language. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Does anyone in your family smoke? \_\_\_ Yes \_\_\_ No \_\_\_ Occasionally

8. What is your family’s religious preferences/denomination/congregation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9.. How often do you attend religious services? \_\_\_ More than once a week \_\_\_ Weekly \_\_\_ Never

\_\_\_\_\_ Occasionally

10. Do you expect the student to attend religious services with your family? \_\_\_ Yes \_\_\_ No

If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Would you feel comfortable hosting a student who did not attend religious service or services?

\_\_\_\_ Yes \_\_\_ No \_\_\_ Uncertain Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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12. Would you be willing to host a student who is allergic to animals? \_\_\_ Yes \_\_\_ No

13. What pets, if any, do you have? Please specify if they are inside or outside the house. \_\_\_\_\_\_\_\_\_

14. Food is important to a student’s studies. Many natural families are concerned if the families cook every evening and what each hosting family does regarding food within their homes.

Please let us know what is a typical breakfast/lunch/dinner within your home?

Breakfast during the week and on weekend’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Lunch during week and on weekend’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dinner during week and on weekend’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **HOST FAMILY BACKGROUND** |

1. Has anyone in your family ever been arrested or convicted for any offense other than a minor traffic

Violation? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Is your family currently receiving any kind of public assistance? (welfare, Medicaid, food stamps)

\_\_\_\_ Yes \_\_\_\_ No If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Do any family members have a psychological or physical disability? \_\_\_ Yes \_\_\_ No If yes, how

might this disability influence the placement of an exchange student with your family? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **HOST FAMILY REFERENCES** |

Please provide three (3) references whom we may contact. These references can be work associates, friends, school officials, etc. Do NOT use relatives as references; Make sure you **COMPLETELY** fill out the names and addresses, including ZIP codes, and telephone numbers of the references. Your application cannot be finalized without these three references. All information that we receive on the reference forms are kept strictly confidential.

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street and/or P.O.Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Day Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Family \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street and/or P.O. Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_

Day Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Family \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street and/or P.O. Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_

Day Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Family \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We hereby certify that the information given on the pages of the Host Family Application is true and

complete to the best of my/our knowledge.

Signature of Host Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Host Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **EMERGENCY CONTACT INFORMATION** |

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Family \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

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| **Disclosure: Please be assured the answers to the following questions are kept confidential. Please indicate whether or not any member of your family (to the best of your knowledge)** |

1. Have/have been arrested or convicted of any misdemeanor or felony, other than parking

violations? \_\_\_\_ Yes \_\_\_\_ No

2. Use/uses illegal substances or is chemically dependent? \_\_\_\_ Yes \_\_\_\_ No

3. Have/has had a complaint filed with an agency dealing with child abuse or neglect?

\_\_\_\_ Yes \_\_\_\_ No

4. Have/has experienced death or suicide of an immediate family member? \_\_\_\_ Yes \_\_\_\_ No

5. Have/has experienced mental illness or psychiatric counseling? \_\_\_\_ Yes \_\_\_\_ No

6. Have/has been diagnosed with a serious illness? \_\_\_\_ Yes \_\_\_\_ No

7. Have/ has experienced a life-changing or life-threatening event? \_\_\_\_ Yes \_\_\_\_ No If yes,

please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. Have/has been divorced? \_\_\_\_ Yes \_\_\_\_ No If yes, who has been divorced? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **HOST FAMILY PROFILE** |

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Host Family Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In what type of community do you live? \_\_\_\_ urban \_\_\_ suburban \_\_\_ rural \_\_\_ farm

Please briefly describe your neighborhood and community \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. In what kind of home do you live? \_\_\_\_\_ single family \_\_\_\_ condominium \_\_\_\_ duplex \_\_\_ apartment

Briefly describe your home. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Will the exchange student share a bedroom? \_\_\_ No \_\_\_ Yes if yes, which family member? \_\_\_\_\_\_\_\_

4. Describe the room that the exchange student will be occupying while living in your home. Does the

room provide space for study? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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5. What is a typical weekday in your household, including daily routine, meals, chores, etc.?

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6. What is a typical weekend in your household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. What are some of the regular athletic activities that members of your family enjoy doing or watching?

\_\_\_\_\_ baseball \_\_\_\_ cycling \_\_\_\_ hiking \_\_\_\_\_ skateboarding \_\_\_\_\_ swimming

\_\_\_\_\_ basketball \_\_\_\_ fishing \_\_\_\_ skiing \_\_\_\_\_ tennis \_\_\_\_\_ volleyball

\_\_\_\_\_ bowling \_\_\_\_ football \_\_\_\_ sailing \_\_\_\_\_ soccer \_\_\_\_\_ golf

\_\_\_\_\_ martial arts

8. Which of the following recreational activities/hobbies do members of your family enjoy doing?

\_\_\_\_\_ camping \_\_\_\_ computers \_\_\_\_ dancing \_\_\_\_ picnics \_\_\_\_\_ theater

\_\_\_\_ drawing \_\_\_\_ concerts \_\_\_\_ chess \_\_\_\_\_ cinema

\_\_\_\_\_ cooking \_\_\_\_ photography \_\_\_\_ painting \_\_\_\_\_ shopping

\_\_\_\_\_ video games \_\_\_\_ gardening \_\_\_\_ crafts \_\_\_\_ art/music \_\_\_\_\_ ballet

In which other activities/hobbies do family members participate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Do members of your family enjoy singing or playing musical instruments? If yes, please indicate which

musical instruments are played by family members and which instruments you have in your home.

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10. Please list memberships in clubs and community organizations for each family member.

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11. What household duties would you expect of your student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. What are the basic rules for teenagers in your home?

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**Please complete the Host Family Profile along with the Host Family Application and return it to Venture International** [**djoy.ventureacademy@yahoo.com**](mailto:djoy.ventureacademy@yahoo.com)

**WELCOME LETTER TO STUDENT**

***Please write a “Welcome Note” to your International Student***

|  |
| --- |
| **HOST FAMILY PHOTO ALBUM**  On the following pages, please provide some photographs with a brief description (who is in the photo, where it was taken  What the subject was doing etc.) try to include photos which show> 1) Inside your home, 2) Outside your home, 3) Pictures of your family members. This photograph album will provide your exchange student and his/her family information of your family and a better understanding of the way you live in the United States. |

**CRIMINAL BACKGROUND CHECK**

**HOST FAMILY, COMMUNITY COUNSELOR OR VOLUNTEER**

I have applied for Host Family/ Community Counselor and/or Volunteer with VENTURE INTERNATIONAL ACADEMY. I understand that in connection with my application for Host Family, Community Counselor and or Volunteer Service, VENTURE, their agents, assignees or any other authorized third parties, collectively, the “Investigators” may perform, request, obtain or conduct a background check on me. This background check may include an inquiry into my Employment History, Education, General Character or Reputation, Work Experience, Volunteer Experience, Driving, and/or Criminal History (collectively, the

“information”). However, unless my position involves handling money or having access to monies and/or

other transferable monetary instruments, my Credit History will not be checked.

I understand that VENTURE may rely on any part or all of the Information in determining

whether to extend an offer of Host Family, Community Counselor and /or Volunteer Service to me, or in

determining my eligibility for Independent Contractor and/or Volunteer Service. I further understand that if

any adverse action is taken by VENTURE, or if VENTURE chooses not to extend an offer of Independent

Contractor and/or Volunteer Service to me based upon the Information that I will be provided a copy of

such Information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check is being performed due to State Department Regulations

by Investigators as part of the process to evaluate me prior to Independent Contractor and/pr Volunteer

Service or for Continued Independent Contractor and/or Volunteer Service or determining my eligibility for

Continued Independent Contractor and/or Volunteer Service.

I have read this Independent Contractor and/or Volunteer Disclosure and by signing below, hereby

authorized Investigators to conduct a background check as described herein in conjunction with my

application for Independent Contractor and/or Volunteer Service for Continued Independent Contractor

and/or Volunteer Service. I hereby release any and all Investigators and VENTURE from any and all

liability related to the procurement or disclosure of any information provided by me or obtained about me

in connection with my Application to VENTURE. I may be the custodians of or in possession of the

requested Information, to disclose such Information to Investigators in connection with this background

check.

Although furnishing my Social Security Number is not optional, I understand that it shall be used

for NO other purpose than to make the process for conducting a background search more accurate. It shall not be sold, or in any way transferred to a third party except for the express purpose of conducting the background check.

I understand that we collectively as a family are Host Families for VENTURE. We agree that at no

time will we circumvent the system by allowing our student/ or natural family of our student the

opportunity to use us or our family for means of coming back into the United States. We will steer our

student/ natural parents back to the VENTURE’S organization. We as individuals or family will not collect

students within the VENTURE program in order to create our own international student exchange agency.

We will not open an international exchange agency for 3 years from the date of this disclosure with any

international students of any corporation. In the event that we fall short of this contract, we understand that VENTURE has the right to file suite to the fullest extent of the law.

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Applicant Signature (Host Father) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Date of Birth (Month/Day/Year)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number Former Last Names (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature (Host Mother) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Date of Birth (Month/Day/Year)

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Social Security Number Former Last Names (if applicable)

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Former Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

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| --- |
| **HOST FAMILY AGREEMENT AND STATEMENT OF RESPONSIBILITIES** |

**Please read, check each box and sign below.**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Host Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_** I agree that the student named in the Placement Information Form will reside with our family for

the duration of the Academic program.

**\_\_\_** If it should become necessary for our family to withdraw our participation in this program, I agree

to give VENTURE’S adequate time to locate and match another suitable host family for this student.

**\_\_\_** It is understood that VENTURE has the right to cancel the placement prior to arrival or move a

student from our home at any time, if deemed necessary.

\_\_\_ Our family understands that in accepting a student to live in our home, the student will become

and be treated as if he/she is part of our family.

\_\_\_ We understand that the open communications with our student plays an important part in the

success of the program as well as clearly outlining all family rules and required chores our student

is asked to follow.

\_\_\_ We understand that accepting a student into our home and providing room and board, will be compensated **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_** These payments will be paid monthly starting one week after the student arrives. In the event that we remove ourselves or the student is removed from our home or the program we understand that VENTURE will prorate what was paid and we will reimburse funds we owe back to VENTURE for the time the family has not been able to host the student.

\_\_\_ We understand that we will receive a 1099 for the amount of stipend received by the 31st of

January as long as we have received the amount necessary to warrant receipt of a 1099 ($600), Per

tax consultants we are allowed to itemize due to the funds received on our yearly taxes.

\_\_\_ We will assist our student with a reasonable amount of transportation to and from school, school

activities, and community events.

\_\_\_ We accept that our student may require adjustment time to living in a new country, attending a

new high school, embarking a new culture, studying in a new language, and living in a new

family.

\_\_\_ We understand our role, as a host family is to support our student and encourage participation

in our family activities as well as those of the school where he/she attends and within our

community.

\_\_\_ We agree to monitor our student’s progress in his/her academic studies at school and offer

assistance when needed.

\_\_\_ We understand our student enters the Academic program with medical insurance that will provide

coverage in case of any immediate medical needs and/or emergencies.

\_\_\_ We will maintain open communication with our VENTURE Community Counselor

and seek his/her advice, when needed.

\_\_\_ I agree that at the end of the Academic program with VENTURE my family will

terminate our responsibility for the student, and also to comply with all U.S. State Department and

Visa guidelines.

The individuals listed below agree to all the above terms and conditions as they relate to any

VENTURE program with which they might be involved.

Host Mother Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Host Father Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_