STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS
2013 SUMMER INBOUND HOST FAMILY APPLICATION

PLEASE FILL OUT THE ONLINE VERSION OF THIS FORM ON THE S4-H WEBSITE, IF POSSIBLE. (www.states4hexchange.org/host-families)

Print neatly or type

HOST FAMILY INFORMATION		(FOR 4-H OFFICE USE ONLY)		
FAMILY NAME		**ORGANIZATION**		
STREET ADDRESS		**NAME**		
CITY	**STATE**	**ID CODE**		
ZIP	**COUNTY**	**GENDER**	**DATE of BIRTH**	**AGE**
MAILING ADDRESS (IF DIFFERENT)		**Chaperone hosting dates:**		
HOME TELEPHONE	**FAX**	**EMAIL**		
EMERGENCY CONTACT	**RELATIONSHIP**	**PHONE NUMBER**		
ADULT #1	**Relationship to delegate** (eg host mom or dad)	**Hobbies/Interests/Personality:**		
Occupation	**Employer Name**	**WORK PHONE:**	**CELL PHONE:**	
ADULT #2	**Relationship to delegate** (eg host mom or dad)	**Hobbies/Interests/Personality:**		
Occupation	**Employer Name**	**WORK PHONE:**	**CELL PHONE:**	

OTHERS IN HOME (Place an "X" to the left of the host sibling.) ***Age as of 7/21/13**

"X"	Name	Gender	Birthdate	Grade	Age*	Living at home?	Hobbies/interests

Is anyone in your family currently a 4-H member? ☐Yes ☐ No
Has your family ever been involved in 4-H? ☐Yes ☐ No
How did you learn about hosting with the S4-H Program? _____
Why does your family want to host? _____
Has your family hosted an exchange student before? ☐ Yes ☐ No
If "yes," name of program(s):_____Year(s):_____
Country(s):_____Length of stay(s):_____
What languages are spoken in your home?_____

Do you have any indoor pets? ☐ Yes ☐ No If yes, what animals & how many?_____
Farm/Outdoor Animals:_____

Optional: What is your family's religious affiliation, if any? _____
Optional: How often do you attend religious services?_____
Are there any physical, mental or emotional health conditions in your family of which a delegate would need to be aware (ex: physical disability, Down syndrome, hearing loss, ADD/ADHD, Autism, etc.)?_____
_____

Does anyone in the family follow dietary restrictions? ☐ Yes ☐ No

If yes, please describe: _____

Would you expect the delegate to also follow these dietary restrictions? ☐ Yes ☐ No

Would you be able to host a delegate who follows a dietary restriction (i.e., vegetarian, no pork, etc.)? ☐ Yes ☐ No

If yes, please describe: _____

Is your family financially able to provide the student a bed and three meals a day for the duration of the program?

☐ Yes ☐ No

If both parents work outside the home, who will assume responsibility when both parents are away?

_____

PREFERENCES FOR EXCHANGEES
(Please check the types of exchange student your family would be able to host)

_____Youth (ages 12-18) for **one month** (June to August)

Gender preference: ☐ Male ☐ Female ☐ Either is acceptable Age Preference: _____
If our first choice is unavailable, we will accept someone who is a different age: ☐ Yes ☐ No

_____Adult Leader for approximately **two weeks** or **four weeks** (July or August)
Gender preference: ☐ Male ☐ Female ☐ Either is acceptable
Duration: ☐ Two weeks ☐ Four weeks ☐ Either is acceptable

Host Sibling Interests (*To make the best match possible, please provide additional information about the hosting sibling.)*

Name of hosting sibling: _____

What activities do you enjoy?
☐Studying ☐ Shopping ☐ Walking ☐ Camping ☐ Tennis ☐ Eating ☐Swimming
☐ Singing ☐ Cooking ☐ Music ☐ Sports ☐ Other: _____

Your Personality Characteristics:
☐ Tidy ☐ Curious ☐ Shy ☐ Emotional ☐ Cheerful ☐ Quiet ☐ Patient
☐ Talkative ☐ Laugh a lot ☐ Sociable ☐ Tolerant ☐ Serious ☐Other: _____

What do you usually do in your free time?
☐ Movies ☐ Museums ☐ Read ☐ Study ☐ Shop ☐ Participate in Sports
☐ Spectator of Sport Events ☐ Other: _____

What type of TV programs do you enjoy watching?
☐Educational ☐Drama ☐Adventure ☐Musicals ☐Comedies ☐Game Shows
☐Movies ☐Sports ☐News ☐None ☐Other:

What kind of books do you like to read?
☐Classics ☐Non-Fiction ☐Poetry ☐Mysteries ☐Textbooks ☐Science Fiction
☐Biographies ☐Other: _____

What type of music do you enjoy?
☐Classical ☐Disco ☐Show Tunes ☐Popular ☐Folk ☐Country & Western
☐Jazz ☐Rock ☐Rap ☐Alternative ☐Other: _____

What qualities do you value most in other people?
☐ Loyalty ☐ Kindness ☐ Patience ☐ Honesty ☐ Intelligence ☐ Sense of Humor
☐Other: _____

Photo

PLEASE ATTACH RECENT FAMILY PHOTO IN SPACE PROVIDED, WITH FAMILY MEMBERS IDENTIFIED OR SUBMIT A FAMILY PHOTO BY EMAIL TO YOUR 4-H COORDINATOR.

Type of Home

☐ Single family house ☐ Condo ☐ Duplex ☐ Apartment ☐ Mobile Home ☐ Other (describe):_____

☐ Smoking household ☐ Non-smoking household ☐ Smoking forbidden in our household

Do you have a home-based business? ☐ Yes ☐ No

If yes, please describe: _____

Type of Community: ☐Urban ☐Suburban ☐Rural Non-Farm ☐Farm ☐ Ranch

Additional Information

What types of chores/responsibilities will the student be expected to do? _____

_____

What are your family's expectations for hosting a student? _____

_____

WE UNDERSTAND/CONFIRM (Parent(s) and host brother/sister, please initial)

_____ If selected as a host family, our family will treat the delegate as one of the family members.

_____ All family members will make sure that the delegate feels comfortable around friends and is included in our activities.

_____ No special arrangements for entertaining or traveling with this delegate are expected. The program emphasizes the normal family life experience that can be gained from a host family stay.

_____ Orientation session(s) will be held and orientation materials will be sent to us. We will read the information and familiarize ourselves with this material in preparation for this exchange. We are required to attend an orientation session(s).

_____ We will receive notification of selection as soon as possible from the state/local coordinator. We understand that selection is based on references, application, in-home interview, and criminal background check as well as a desire to make the best matches with delegates and families.

_____ We will be flexible, patient and able to communicate both verbally and non-verbally while hosting.

_____ We will contact the state or local coordinator immediately if any of the following occur after the date of our application or while we are serving as a volunteer host family:

- We move to a new address
- Our household composition changes (e.g. a new person begins living in our home, or a current resident leaves the home)
- Our financial and/or employment situation changes
- Any member of our households is arrested for a crime.

_____ No member of our family has ever been convicted of a felony of any kind, a crime involving drug abuse, a crime of violence, a sexual crime, or any type of crime against a minor.

If you are unable to check the last box, please enter your comments here and we will follow up:

_____

_____

_____

Parent Signature: _____ Date: _____

County 4-H Youth Advisor/Agent Signature: _____

State 4-H International Coordinator: _____ Date: _____

References

List two people (not family members or relatives) who can be contacted for references.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____