



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS 2009 HOST FAMILY APPLICATION

Please attach a page with recent family photo(s) with members identified.

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	AGE
MAILING ADDRESS (IF DIFFERENT)		Chaperone hosting dates:	
HOME TELEPHONE	FAX	EMAIL	
FATHER'S NAME	OCCUPATION	WORK or CELL PHONE	
MOTHER'S NAME	OCCUPATION	WORK or CELL PHONE	
EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE NUMBER	

OTHERS IN HOME (Place an "X" to the left of the youth who will be hosting the exchangee.)

"X"	Name	Gender	Birthdate	Grade	Age	Hobbies/interests

Have you or your family been involved in 4-H? Yes No Foreign languages spoken _____

Are animals allowed in the house? Yes No

If yes, what animals & how many? _____

Farm/Outdoor Animals: _____

Location of Home: City Small Town Rural Non-Farm Farm Suburb Ranch

Smoking household Non-smoking household Smoking forbidden in our household

Single family house Apartment Other (describe): _____

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

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, etc.)? _____

Would your exchangee be expected to attend church with you?

Yes No Optional Religion: (optional) _____

Family Hobbies / Interests: _____

Has your family hosted an exchangee before? Yes No If "yes," name of program(s): _____

What Year(s): _____ Country(s): _____ Length(s) of stay(s): _____

Why does your family want to host? _____

PLEASE ATTACH RECENT FAMILY PHOTO IN SPACE PROVIDED, WITH FAMILY MEMBERS IDENTIFIED:



PREFERENCES FOR EXCHANGEES

(Please check the types of exchangee your family would be able to host)

Interested in hosting a student or chaperone from (you may check more than one):

- Japan Korea Finland Costa Rica Norway

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

Gender preference: Male Female Either is acceptable Age Preference: _____

If your 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

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

_____ If selected as a host family, our family will be expected to treat the exchange as one of the family members. The exchangee will be included in all family 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 are expected to read the information and familiarize ourselves with this material in preparation for this exchange. We are required to attend an orientation session(s).

_____ All applicants will receive notification of selection as soon as possible by the state/ provincial coordinator. Selection is based on references, application, and ability to closely match participants and families.

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

_____ No member of our family has ever been convicted of child abuse, drug abuse, or any other felony criminal offense.

_____ Teen matched to host delegate must keep this exchange uppermost in mind during the month(s) of hosting. All family members should make sure that the delegate feels comfortable around friends and feels included in activities.

_____ We will contact state or county international exchange coordinator immediately if illness or problem/concern is evident.

Parent Signature: _____ Date: _____

County 4-H Youth Advisor/Agent Signature: _____

State 4-H International Coordinator: _____ Date: _____

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

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Additional Information for Host Family Application Form Summer Inbound

What type of responsibilities/jobs will the student be expected to have/do? _____

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

**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