

2015 Host Family Application

HOST FAMILY INFORMATION		(FOR 4-H OFFICE USE ONLY)	
Family Name:		Organization:	
Street Address:		Name:	
City:	State:	ID Code:	
Zip:	County:	Gender:	Age:
Home Telephone:		E-mail Address:	

PARENT INFORMATION	
Father's Name:	Father's Occupation:
Father's Birthdate:	Telephone:
E-mail Address:	Is this person a screened 4-H volunteer? _____ YES _____ NO
Mother's Name:	Mother's Occupation:
Mother's Birthdate:	Telephone:
E-mail Address:	Is this person a screened 4-H volunteer? _____ YES _____ NO

The intention is for a 1:1 ratio of host family to Russian delegate. However, we know this is not always the case. In the event we need additional space, what is the maximum number of delegates you can accommodate? _____

Location of Home: ___ City ___ Small Town ___ Rural/Non-farm ___ Farm (# of Acres ___) ___ Suburb Other _____

Population of Town/City: _____ Family Interests: _____

Has your family ever been involved with 4-H? ___ Yes ___ No If you are currently involved with 4-H, which club? _____

Do you have pets? ___ Yes ___ No If yes, what animals? _____

Are animals allowed in the house? ___ Yes ___ No If yes, what animals? _____

Check those which apply: ___ Smoking Household ___ Non-smoking Household ___ Smoking forbidden in our house
 ___ Single Family House ___ Mobile Home ___ Apartment ___ Other (describe) _____

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

Please explain ALL health concerns (physical, emotional, mental) in the family. _____

Would your exchangee be expected to attend church with you? ___ Yes ___ No If yes, which religion? _____

Regarding meal preference, would you be able to accommodate special diets (vegetarian, no dairy, etc.) ___ Yes ___ No

Foreign languages spoken: _____ Has your family hosted international students before? ___ Yes ___ No

If yes, Country(s) _____ Length of stay(s) _____ Year(s) _____

REQUIRED! Please attach a page with a recent family photo – All family members identified. *(Please use tape, not staples).*

Please be advised, by submitting this application, you are in agreement to the below items. All household members, including adults and youth 13+, must initial each item.

- _____ All host family applicants will receive notification of selection as soon as possible by the State Coordinator. Selection is based on references, application, and ability to closely match participants and families.
- _____ If selected as a host family, our family will be expected to treat the exchangee as a family member. The exchangee will be included in all family activities. Lodging, all meals, and family activities will be paid by us.
- _____ No special arrangements for entertaining or traveling with the exchangee are expected. The program emphasizes the normal family life experience that can be gained from a host family stay.
- _____ The youth matched to host the exchangee must keep this exchange uppermost in mind during the hosting period, and ensure that the exchangee feels comfortable around friends and feels included in activities.
- _____ Our family must be flexible, patient and able to communicate both verbally and non-verbally while hosting.
- _____ Orientation sessions 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 will contact the State Coordinator or the County 4-H Agent immediately if illness or a problem/concern is evident.
- _____ No member of our family has ever abused drugs or alcohol, or been convicted of child abuse or any other felony criminal offense. (This will not necessarily preclude your family from hosting. If this situation applies, please include a separate note of explanation.)
- _____ I give permission to the University of Delaware, Delaware Cooperative Extension and the Delaware 4-H program to use photographs, and voice and video images of activities in which the exchangee and host family participates, in public awareness programs of the University of Delaware, Delaware Cooperative Extension and the Delaware 4-H program.

PARENT SIGNATURE *(required)* _____ **DATE** _____

YOUTH SIGNATURE _____ **DATE** _____

HOST FAMILY COORDINATOR *(required)* _____ **DATE** _____

PROGRAM DIRECTOR *(required)* _____ **DATE** _____

REFERENCES: List **complete information** for three individuals (non-relatives) that can be contacted. If you are directly involved with 4-H, one reference must be your 4-H agent. If you are not a 4-H member, include someone from your school system. Please include a work number when applicable.

Name: _____ Home Phone: (____) _____ Work Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Home Phone: (____) _____ Work Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Home Phone: (____) _____ Work Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

It is the policy of the Delaware Cooperative Extension System that no person shall be subjected to discrimination on the grounds of race, color, sex, disability, age or national origin.