



# Rotary District 6970 Youth Exchange

## Host Family Application Form

The Rotary District 6970 Youth Exchange Program appreciates your interest in hosting an exchange student, and we are confident that this will be a truly rewarding experience for you. The US State Department and the Department of Homeland Security require that we obtain the information below from all potential host families. We assure you that the information that we receive will be treated confidentially, and we thank you for your assistance and understanding.

Identification of Host Parents			
Full Name of Host Father (HF)		Full Name of Host Mother (HM)	
HF Social Security No.	HF Driver's License No.	HM Social Security No.	HM Driver's License No.
HF Employer		HM Employer	
HF Occupation/Position		HM Occupation/Position	
HF E-mail Address		HM E-mail Address	
HF Business Phone No.	HF Cell Phone No.	HM Business Phone No.	HM Cell Phone No.
HF Date of Birth	HF Country of Birth	HM Date of Birth	HM Country of Birth
Residence Street Address			
City	State	Zip Code	Home Phone No.

Identification of Other Family Members and Residents				
Names of all children, and any other persons living in your home	Sex	Age	Relationship	Lives at Home?

## Information Concerning the Host Family

Family's religious background or affiliation			
Indicate foreign language background, if any, for family members			
Please list your hobbies and special interests			
Please list the hobbies and special interests of your children			
Organizations and clubs to which family members belong			
Please indicate in the boxes to the right if you have any pets in your home:	Cats: <input type="checkbox"/>	Dogs: <input type="checkbox"/>	Other (describe):
Have any family members lived or traveled abroad? If so, please indicate who, when, and where.			

## Information Concerning the Student

Name and address of school that student will attend							
<b>Please indicate which program you are applying to host for:</b>			<b>Please indicate any preference in timing:</b>				
Short term (2-6 weeks)	Academic year (3-4 months)		Fall	Winter	Spring	Summer	Any
<b>Please indicate any preference in gender:</b>			<b>Please indicate any preference concerning smoking:</b>				
Female	Male	Either	Will receive smoker	Prefer "non", but will accept smoker	Will not receive smoker		
Will student share a bedroom? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes, with whom?							
Do you have neighbors or friends with secondary school-aged children?							

## Personal References (please provide three)

Name of Individual #1		Relationship to you	
Home Address		City, State, and Zip Code	
Home Phone No.	Business Phone No.	E-mail Address	
Name of Individual #2		Relationship to you	
Home Address		City, State, and Zip Code	
Home Phone No.	Business Phone No.	E-mail Address	
Name of Individual #3		Relationship to you	
Home Address		City, State, and Zip Code	
Home Phone No.	Business Phone No.	E-mail Address	

## General Information

Indicate briefly your main reasons for wishing to participate in this type of program:

Please describe other hosting experiences you have had:

How did you learn about Rotary and hosting exchange students?

If you have any additional comments you would like to include, please use the space provided below, or attach additional sheets:

Do you know of any other families that may wish to host students? If so, please provide their contact information below:

## Waiver/Consent/Release

I certify that all of the statements in this application, and in any attachments hereto, are true and correct to the best of my knowledge. I also certify that I have not withheld any information that would affect this affidavit unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration for any volunteer position with the Rotary District 6970 Youth Exchange Program or its affiliates. I further certify that I understand that District 6970 Youth Exchange Program's intent is to deny a position to anyone convicted of a crime of violence or a crime against another person.

I hereby give my permission for District 6970 to investigate, verify, and obtain information given in this affidavit, including searches of law enforcement and published records (including driving records and criminal background checks), contact with employers, and reference interviews. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with the District 6970 Youth Exchange program. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and that there is a procedure available for clarification, if I dispute the record as received.

I specifically acknowledge that the District 6970 Youth Exchange program or its affiliates will inquire about, and I authorize them to verify, my employment, experience, personal references, background, including criminal background checks which may contain arrest and conviction data. I waive any right to assert that such an investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved the District 6970 Youth Exchange program, and I fully consent to such investigations.

IN CONSIDERATION of my acceptance and participation in the Youth Exchange program, I, to the full extent permitted by law, hereby release and agree to save, hold harmless and indemnify, all members, officers, directors, committee members and employees of the participating Rotary Clubs and Districts, and of Rotary International ("Indemnitees"), from any or all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence of any of the Indemnitees, which may be suffered or claimed by me as a result of an investigation of my background in connection with this affidavit.

I further agree to conform to the rules, regulations, and policies of Rotary International, the District 6970 Youth Exchange program and its affiliates, and understand that my service can be modified or terminated, with or without notice or cause, at any time, at the option of either the District 6970 Youth Exchange program or its affiliates, or at my option. I understand and agree that the District 6970 Youth Exchange program or its affiliates may, in their sole discretion, decline to accept my application for volunteer services with or without cause.

**If accepted as a host family, I/we agree to treat the student as our own son/daughter, and to provide appropriate supervision to him/her.**

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE AFFIDAVIT, WAIVER, CONSENT AND RELEASE, AND THAT I SIGN THIS FORM VOLUNTARILY.**

Signature of Host Father

Signature of Host Mother

Please Print Name of Host Father

Date Signed

Please Print Name of Host Mother

Date Signed