



# 2007 Host Family Application

- ENCLOSE PHOTO
- 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
HOME TELEPHONE ( )	FAX ( )	E-MAIL	
FATHER'S NAME	OCCUPATION	WORK TEL:	BIRTHDATE
MOTHER'S NAME	OCCUPATION	WORK TEL:	BIRTHDATE

### OTHERS IN HOME

"X"	NAME	GENDER	BIRTHDATE	GRADE	AGE AS	HOBBIES / INTERESTS / PERSONALITY TRAITS

- Location of Home: City Small Town Rural Non-farm Farm (# acres \_\_\_\_\_) Suburb Other \_\_\_\_\_
- Have you or your family been involved in 4-H? Yes or No Type of Crops: \_\_\_\_\_  
Farm Animals: \_\_\_\_\_ Domestic Animals: \_\_\_\_\_
- Are animals allowed in the house? Yes or No If "yes," what animals?: \_\_\_\_\_
- Population of Town/City: \_\_\_\_\_ Family Interests: \_\_\_\_\_
- Check boxes 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. (For information of exchangee only) \_\_\_\_\_
- Regarding meal preferences, would you be able to accommodate special diets (vegetarian, no dairy, etc.) Yes or No
- Foreign languages spoken: \_\_\_\_\_
- Has your family hosted an exchangee before? Yes or No If "yes," name of program(s): \_\_\_\_\_  
What Year(s): \_\_\_\_\_ Country(s): \_\_\_\_\_ Length(s) of stay(s): \_\_\_\_\_
- Is your family vegetarian, vegan or have any other dietary restrictions? If yes, can you accommodate an exchangee who does not share these same dietary habits? Yes or No If "no," explain: \_\_\_\_\_
- Are there any special circumstances in your family that we should know about before placing a foreign visitor in your home?  
Yes or No If "yes," explain: \_\_\_\_\_
- Below, briefly describe the daily (school-year) schedule for your family. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED! Please attach recent family photo(s) with members identified. (Please use tape, not staples.)**



**A 4-H YOUTH DEVELOPMENT Program**

*Sponsored by:*



**Cooperative Extension System**

WE UNDERSTAND/CONFIRM ~ Parent(s) and Host Brother/Sister MUST initial each Item.

**Parent(s) and Host Brother/Sister MUST Initial Each Item. Thank You.**

- \_\_\_\_\_ 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 the University of Delaware, Delaware Cooperative Extension and the Delaware 4-H program.

**Parent Signature: (Required)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Host Brother/Sister Signature:** \_\_\_\_\_

**4-H Agent Signature (Required)** \_\_\_\_\_ **Date:** \_\_\_\_\_

**State 4-H Coordinator @ UD:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REFERENCES ~ List complete information** for three individuals (not family members or relatives) who can be contacted. One person must be your 4-H agent. If you are not a 4-H member, include someone from your school system. **Be sure to include work phone** 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: \_\_\_\_\_