



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

HOST FAMILY APPLICATION

for ACADEMIC YEAR Programs

Please fill out form completely.

HOST FAMILY INFORMATION		(FOR OFFICE USE ONLY)	
FAMILY LAST NAME		PROGRAM	
STREET ADDRESS		NAME	
CITY, ST, ZIP		ID CODE	
HOME PHONE	GENDER	AGE	
COUNTY (e.g. Orange, Jackson, etc.)			
MAILING ADDRESS (IF DIFFERENT)			
EMERGENCY CONTACT NAME	RELATIONSHIP	PHONE NUMBER	

HOST FAMILY MEMBERS – list everyone who lives in the home, including individuals who frequently stay at the home

Adult #1

Relationship to student (e.g., host mom, host grandfather, etc.)				
First Name	Last Name	Gender	Birthdate (m/d/yy)	Hobbies/interests/personality
Occupation	Employer Name	Work phone	Cell Phone	Email

Adult #2 (if applicable)

Relationship to student (e.g., host mom, host grandfather, etc.)				
First Name	Last Name	Gender	Birthdate (m/d/yy)	Hobbies/interests/personality
Occupation	Employer Name	Work phone	Cell Phone	Email

Adult #3 (if applicable)

Relationship to student (e.g., host mom, host grandfather, etc.)				
First Name	Last Name	Gender	Birthdate (m/d/yy)	Hobbies/interests/personality
Occupation	Employer Name	Work phone	Cell Phone	Email

CHILDREN IN THE FAMILY (if applicable). Please include any who are part-time residents.

First Name	Last Name	Gender	Birthdate (m/d/yy)	Grade	Living at home?	Hobbies/interests/school activities/personality

Type of Home:

☐ Single family house ☐ Condo ☐ Duplex ☐ Apartment ☐ Mobile Home ☐ Other _____

☐ Smoking household ☐ Non-smoking household

Do you have a home-based business (e.g. daycare, farm)? ☐ Yes ☐ No

If yes, please describe _____

DESCRIPTION OF HOME (general description, # of bedrooms, bathrooms, home amenities and utilities)

Will the student share a bedroom? If so, with whom?	

What household chores would the student have, if any?

Would the student have a curfew? If so, what time (school night, weekends)?

Please describe any household rules regarding computer usage or internet access.

What are your family's expectations for the student?

What language(s) is/are spoken in your home? _____

Are animals allowed in the house? ☐ 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? _____

(Note: A host family may want the exchange visitor to attend one or more religious services or programs with the family. The student cannot be required to do so, but may decide to experience this facet of U.S. culture at his or her discretion.)

Are there any physical, mental or emotional health conditions in your family of which a student would need to be aware (ex: physical disability, Down syndrome, hearing loss, ADD/ADHD, Autism, etc.)?:

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

If yes, please describe: _____

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

COMMUNITY INFORMATION

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

DESCRIPTION OF COMMUNITY (general description, points of interest near your area, parts of town to be avoided, etc.)

Population of your city or town	
Nearest Major City (Distance and population)	
Nearest Airport (Name and distance)	
City or community webpage, if applicable	

Are there any particular considerations regarding the weather your student should be aware of? ☐ Yes ☐ No

If yes, please describe: _____

HIGH SCHOOL INFORMATION

SCHOOL NAME	NAME OF SCHOOL OFFICIAL RESPONSIBLE FOR EXCHANGE STUDENTS
SCHOOL ADDRESS	SCHOOL OFFICIAL'S WORK ADDRESS (if different)
CITY, ST, ZIP	SCHOOL OFFICIAL'S EMAIL ADDRESS
SCHOOL PHONE	SCHOOL OFFICIAL'S DIRECT PHONE
Is the school public or private?	
How many students attend this school?	
What day does school start?	
Distance from your home to the school	
How will the student get to school (e.g. bus, carpool, walk)?	
Would you be able to provide transportation for extracurricular activities after school or in the evenings?	
Which, if any, of your family's children presently attend this high school?	
Does any member of your household work for the high school in a coaching/teaching/or administrative capacity?	
Has your family had any contact with a coach, or have you approached a coach, to host a student with a particular athletic ability? If yes, please explain. (N/A for FLEX)	

Is anyone in your family currently a 4-H member? ☐ Yes ☐ No

Has your family ever been involved in 4-H? ☐ Yes ☐ No

Do any adults in your family currently work or volunteer with 4-H? ☐ Yes (Who? _____) ☐ No

How did you learn about hosting with the States' 4-H program? _____

Why does your family want to host? _____

Has your family hosted an exchange student before? ☐ Yes ☐ No

If "yes," list each name of program, year, country, and length of stay:

Is your family financially able to provide the student a bed and 3 meals a day for a year? ☐ Yes ☐ No

Is there any additional information about your family which you would like to include in your hosting application?

PREFERENCES FOR HOSTING AN EXCHANGE STUDENT

Gender preference: ☐ Male ☐ Female ☐ Either

Country/program preference(s): ☐ Japan ☐ South Korea ☐ FLEX (Eurasian countries)

Age Preference _____

Would you be able to host a student who follows a dietary restriction (vegetarian, no pork, etc.)?

☐ Yes ☐ No If Yes, please describe: _____

Please include the following photos with your application (digital format preferred):

☐ Picture of host family with the members identified*

☐ Exterior of home and surrounding grounds

☐ Kitchen

☐ Living and/or Family room

☐ Student's bedroom

☐ Student's bathroom

(*Only the family photo will be shared with your student. The others are for internal States' 4-H reference.)

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

Name #1: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Name #2: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

WE UNDERSTAND/CONFIRM (all family members, please initial)

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

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

_____ No special arrangements for entertaining or traveling with this student 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 provided 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.

_____ We will receive notification of selection as soon as possible from the state 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 students and families.

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

_____ 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.

_____ 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 household is arrested for a crime

HOST PARENT #1 SIGNATURE

DATE

HOST PARENT #2 SIGNATURE, if applicable

DATE

OTHER FAMILY MEMBER(S) SIGNATURE(S)

DATE

COUNTY 4-H AGENT SIGNATURE

DATE

LOCAL COORDINATOR SIGNATURE

DATE

STATE 4-H INTERNATIONAL COORDINATOR SIGNATURE

DATE

As an organization comprised of 4-H member states, States' 4-H prohibits discrimination in all its programs and activities on the basis of race, color, national origin, creed, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status.



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

HOST FAMILY MEDIA AND LIABILITY RELEASE

MEDIA RELEASE

We give our consent to authorize States' 4-H International (Board, staff and volunteers), partner Land Grant Institutions (their personnel and volunteers), and any entity or person authorized or designated by them, the use and reproduction of any and all photographs, audio, video or film taken during program activities for the purpose of program promotion or publicity of the organization. We understand there will be no compensation for us. All digital media files, prints, audio, video or film are the property of the States' 4-H International or the entity or person authorized or designated by it, solely and completely. We also waive any right to inspect or approve any photo, audio, video or film taken during the program. We affirmatively release and discharge States' 4-H International (Board, staff and volunteers) and partner Land Grant Institutions (their personnel and volunteers) from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, video or film taken of our family members during the program.

LIABILITY RELEASE

We, the undersigned, understand that participation in States' 4-H International programs includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. We hereby release States' 4-H International (Board, staff and volunteers) and partner Land Grant Institutions (their personnel and volunteers), from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of us or our minor child in any States' 4-H International sponsored activity, and this release is specifically granted in consideration of the services, programs and activities provided by States' 4-H International.

We, the host parents, certify that all information provided in the Host Family Application is correct and complete. We also understand that any changes in the information provided in the application must be reported to our 4-H state coordinator immediately. We understand that withholding information and/or providing incorrect information and/or not reporting changes after the application is submitted are grounds for possible termination from the program.

This agreement covers the period from the time our delegate arrives in the U.S. until he/she departs.

The signature of the undersigned host parents indicates a complete understanding of the above *Media Release* and *Liability Release* and a willingness to abide by said *Media Release* and *Liability Release*.

Two parental signatures are required unless single parent household.

_____ Signature (Adult #1)	_____ Print name	_____ Date
_____ Signature (Adult #2)	_____ Print name	_____ Date



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

***CONFIDENTIAL* FINANCIAL DISCLOSURE for ACADEMIC YEAR Program**

Host Family Name _____ State _____

*The U.S. Department of State Office of Exchange Coordination and Compliance requires collection of the following information from all host families for J-1 Visa high school exchange students in the United States. The income data collected will be used solely for the purposes of determining that the basic needs of the exchange student can be met, including three quality meals and transportation to and from school activities. Please note that this information will **not** be shared with the 4-H state or local coordinator in your community should you choose to send this form directly to the States' 4-H office, nor will it be shared with the exchange student. It will be kept confidential. Thank you for your cooperation with this requirement.*

FINANCIAL INFORMATION

Does anyone in your home receive any kind of financial needs-based government subsidies for food or housing? *Example: food stamps or "SNAP," housing vouchers, free school lunch, WIC, etc.*

☐ Yes ☐ No

If yes, please describe: _____

What is your household's average annual income?

(Note: The income data collected will be used solely for the purposes of ensuring that the basic needs of the exchange students can be met, including three quality meals and transportation to and from school activities.)

☐ Less than \$25,000 ☐ \$25-\$35,000 ☐ \$35-\$45,000 ☐ \$45-\$55,000 ☐ \$55-\$65,000 ☐ \$65-\$75,000 ☐ \$75,000 and above

Please identify the personal expenses you would expect the student to cover:

Signature (Adult #1)

Print name

Date

Signature (Adult #2)

Print name

Date

Please return this form to your State/Local Coordinator or email/fax to the States' 4-H office directly.

Fax: 206-462-2199

Email: AYP@states4h.org

Questions? Feel free to call States' 4-H at 1-800-407-3314 (8:30 AM – 5:00 PM Pacific Time, Monday-Friday)

As an organization comprised of 4-H member states, States' 4-H prohibits discrimination in all its programs and activities on the basis of race, color, national origin, creed, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status.