



Ohio-Erie Rotary Youth Exchange Program, Inc.



Host Family Application Form Rotary District _____

This form must be completed on your computer and printed. Hand written forms will not be accepted.

Duplicate fields will be completed automatically.

(This form satisfies the requirements of Rotary International Youth Exchange certification and the US Department of State 22 CFR Part 62 Regulations)

For Rotary District Use Only

Exchange Year	Student	Hosting Rotary Club	Other

Section A

Information in this section will be shared with the student.

1. Applicant Information

Full Name of Host Parent #1 (First, Middle, Last)		Gender		Full Name of Host Parent #2 (First, Middle, Last)		Gender	
		<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth (2007/Jan/1)	Country of Birth	Religious Affiliation	Date of Birth (2007/Jan/1)	Country of Birth	Religious Affiliation		
E-mail			E-mail				
Occupation		Current Employer		Occupation		Current Employer	
Street				Street			
City		State/Province	Postal Code	City		State/Province	Postal Code
Business Phone		Fax		Business Phone		Fax	
Education		Professional/Personal Interests		Education		Professional/Personal Interests	
<input type="checkbox"/> Check here if you have been with this employer for less than 5 years. Provide your previous employment information for the last 5 years on a separate sheet and attach.				<input type="checkbox"/> Check here if you have been with this employer for less than 5 years. Provide your previous employment information for the last 5 years on a separate sheet and attach.			
Rotarian? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Rotary club: _____				Rotarian? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of Rotary club: _____			

2. Residence

Home Address — Street				
City		State/Province	Postal Code	Country
Postal Address (if different) — Street				
City		State/Province	Postal Code	Country
Home Phone		Fax Phone		Home E-mail
Type of Home (e.g. single family)	# of Rooms	# Bathrooms	Describe Amenities (e.g. A/C)	Utilities (e.g. Internet, Cable TV)
<input type="checkbox"/> Check here if the home is a site of a functioning business. Describe _____				

3. Children (all) & Other Persons Living in the Household

Full Name (First, Middle, Last)	Gender	Date of Birth (2007/Jan/1)	Relationship	Living at Home
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Languages Spoken in the Home

Native Language:		Proficiency (indicate Poor, Fair, Good, or Fluent)			
Non-native Language(s)	Years Studied	Family Member	Speaking	Reading	Writing

5. Household

Please indicate if you have pets in the home?	Cat <input type="checkbox"/> # ___	Dog <input type="checkbox"/> # ___	Other
Have any household members been charged with a crime?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Describe
Do any household members have a dietary restriction?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Describe
Would you host a student with a dietary restriction? (e.g. vegetarian)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Describe
Will you provide three square meals a day?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Describe
Have any family members traveled abroad?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Countries
Our family would like to host a:	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	Either <input type="checkbox"/>
Our family will host a (check all applicable)	Non-smoker <input type="checkbox"/>	Smoker <input type="checkbox"/>	Prefer a non-smoker but will host a smoker <input type="checkbox"/>
Will the student share a bedroom?	No <input type="checkbox"/>	Yes <input type="checkbox"/> with whom:	
Have you every hosted an Exchange Student?	No <input type="checkbox"/>	Yes <input type="checkbox"/> which program(s)	
We prefer to host a student in the	Fall <input type="checkbox"/>	Winter <input type="checkbox"/>	Spring <input type="checkbox"/>
Describe your expectations regarding the responsibility and behavior of the student while in your home (e.g. homework, chores, etc.)?			
Would you voluntarily inform the student in advance of your religious affiliations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Would any household member have difficulty hosting a student with different religious beliefs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
How did you learn about being a host family?			

6. School

School Student will Attend	Distance from Home	Transportation to School
	mi/km	<input type="checkbox"/> Public School Bus <input type="checkbox"/> Walk <input type="checkbox"/> Car <input type="checkbox"/> Other
List Children in the Home Attending this School		
List Sports Children in the Home Participate in at School		
Will the family provide transportation for extracurricular activities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does any member of your household work for the high school in any capacity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any member of your household had contact with a coach regarding the hosting of an exchange student with particular athletic abilities?	Yes <input type="checkbox"/> No <input type="checkbox"/> Describe	

7. Picture Page

Please use a glue stick to attach color photographs of your home.

Outside Home

Yard

Family Room

Kitchen

Student's Bedroom

Student's Bathroom

Section B

Information in this section will only be used internally by the district and not shared with the student.

7. Financial Information

The following financial information is required by the U.S. Department of State and will be kept in confidence. 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.

Average Household Annual Income (check one)			
<input type="checkbox"/> Less than \$25,000	<input type="checkbox"/> \$35,000 to \$45,000	<input type="checkbox"/> \$55,000 to \$65,000	<input type="checkbox"/> \$75,000 and above
<input type="checkbox"/> \$25,000 to \$35,000	<input type="checkbox"/> \$45,000 to \$55,000	<input type="checkbox"/> \$65,000 to \$75,000	
Does any member of the household receive any kind of public assistance (financial needs-based government subsidies for food or housing? If yes, describe)			Yes <input type="checkbox"/> No <input type="checkbox"/> Describe

8. Personal References

Please list two personal references (not relatives and not more than one former or current Rotarian) and include their addresses and phone numbers.

1.

Name	Relationship	Rotarian?	How long have you known this person?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address — Street	City	State/Province	Postal Code	
Residence Phone	Business Phone	E-mail		

2.

Name	Relationship	Rotarian?	How long have you known this person?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address — Street	City	State/Province	Postal Code	
Residence Phone	Business Phone	E-mail		

Expectations:

The duties and responsibilities of being a host family have been explained to me. If selected as a host family, I agree to treat the student as my own son or daughter and to provide appropriate parental supervision.

WAIVER/CONSENT/RELEASE

I certify that all of the statements in this application, and in any

ments 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 application 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 6670 Youth Exchange or its affiliates.

Host Parent #1 (print name)	Signature	Date (2007/Jan/1)
Host Parent #2 (print name)	Signature	Date (2007/Jan/1)

Statement of Conduct for Working with Youth

Rotary International strives to create and maintain a safe environment for all youth who participate in Rotary activities. To the best of their ability, Rotarians, Rotarians' spouses and partners, and other volunteers must safeguard the children and young people they come into contact with and protect them from physical, sexual and emotional abuse.

Adopted by the Rotary International Board of Directors, November 2006

10. Background Check Release

The information on this page will be used to obtain a background check on the host parents. The United States Department of State rules require that this document be retained by the sponsor organization for a period of three years.

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 application 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 ____ Youth Exchange or its affiliates. I further certify that I understand that Rotary District ____ 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 Rotary District ____ to investigate, verify and obtain information given in this application, including searches of law enforcement and published records (including driving records and criminal background checks), contact with former employers and reference interviews. I understand that this information will be used by the participating Rotary Clubs, Districts, Rotary International and Ohio-Erie Rotary Youth Exchange Program Inc., in part, to determine my eligibility for a volunteer position with Rotary District ____ 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 Rotary District ____ Youth Exchange program or its affiliates will inquire about, and I authorize them to verify, my prior employment, experience, personal references and

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 Rotary District ____ 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 Rotary Districts, and of Rotary International ("Indemnities"), 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 Indemnities, which may be suffered or claimed by me as a result of an investigation of my background in connection with this application.

I further agree to conform to the rules, regulations, and policies of Rotary International, the Rotary District ____ 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 Rotary District ____ Youth Exchange program or its affiliates, or at my option. I understand and agree that the Rotary District ____ Youth Exchange program or its affiliates may, in their sole discretion, decline to accept my application for volunteer services with or without cause.

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

Full Name of Host Parent #1	Signature	Date (2007/Jan/1)
Date of Birth (2007/Jan/1)	Social Security Number (###-##-####)	
Full Name of Host Parent #2	Signature	Date (2007/Jan/1)
Date of Birth (2007/Jan/1)	Social Security Number (###-##-####)	

Home Address — Street			
City	State/Province	Postal Code	Country

Statement of Conduct for Working with Youth

Rotary International strives to create and maintain a safe environment for all youth who participate in Rotary activities. To the best of their ability, Rotarians, Rotarians' spouses and partners, and other volunteers must safeguard the children and young people they come into contact with and protect them from physical, sexual and emotional abuse.

Adopted by the Rotary International Board of Directors, November 2006

11. Additional Household Members (other than the Host Parents) for Background Check Release

The information on this page will be used to obtain a background check on those individuals living in the household over the age of 18 or who will turn 18 during the time the student is in the home other than the host parents. The United States Department of State rules require that this document be retained by the sponsor organization for a period of three years.

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 application 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 ____ Youth Exchange or its affiliates. I further certify that I understand that Rotary District ____ 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 Rotary District ____ to investigate, verify and obtain information given in this application, including searches of law enforcement and published records (including driving records and criminal background checks), contact with former employers and reference interviews. I understand that this information will be used by the participating Rotary Clubs, Districts, Rotary International and Ohio-Erie Rotary Youth Exchange Program Inc., in part, to determine my eligibility for a volunteer position with Rotary District ____ 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 Rotary District ____ Youth Exchange program or its affiliates will inquire about, and I authorize them to verify, my prior employment, experience, personal references and

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 Rotary District ____ 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 Rotary Districts, and of Rotary International ("Indemnities"), 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 Indemnities, which may be suffered or claimed by me as a result of an investigation of my background in connection with this application.

I further agree to conform to the rules, regulations, and policies of Rotary International, the Rotary District ____ 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 Rotary District ____ Youth Exchange program or its affiliates, or at my option. I understand and agree that the Rotary District ____ Youth Exchange program or its affiliates may, in their sole discretion, decline to accept my application for volunteer services with or without cause.

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

(print name)	Signature	Date (2007/Jan/1)
Date of Birth (2007/Jan/1)	Social Security Number (###-##-####)	
(print name)	Signature	Date (2007/Jan/1)
Date of Birth (2007/Jan/1)	Social Security Number (###-##-####)	
(print name)	Signature	Date (2007/Jan/1)
Date of Birth (2007/Jan/1)	Social Security Number (###-##-####)	
(print name)	Signature	Date (2007/Jan/1)
Date of Birth (2007/Jan/1)	Social Security Number (###-##-####)	

Home Address — Street			
City	State/Province	Postal Code	Country