



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS 2024 SUMMER INBOUND HOST FAMILY APPLICATION

This is an example of the online form. Please fill out the online version. The form is available on the States' 4-H International website: (www.states4hexchange.org/host-families)

HOST FAMILY INFORMATION			(FOR 4-H OFFICE USE ONLY)		
FAMILY NAME			ORGANIZATION		
STREET ADDRESS			NAME		
CITY	STATE	ZIP	ID CODE		
COUNTY 4-H PROGRAM	FAX		DATE of BIRTH	GENDER	AGE
MAILING ADDRESS (if different)			Chaperone hosting dates		
HOME PHONE		HOST SIBLING CELL	HOST SIBLING EMAIL		
ADULT # 1 NAME		CELL PHONE	Relationship to Delegate (eg host mom)	BIRTHDATE (Optional)	
EMAIL:					
HOBBIES/INTERESTS/ PERSONALITY		WORK PHONE	EMPLOYER	OCCUPATION	
ADULT # 2 NAME		CELL PHONE	Relationship to Delegate (eg host mom)	BIRTHDATE (Optional)	
EMAIL					
HOBBIES/INTERESTS/PERSONALITY		WORK PHONE	EMPLOYER	OCCUPATION	
EMERGENCY CONTACT OTHER THAN PARENT		DAY PHONE	RELATIONSHIP		

CHILDREN, OTHER FAMILY MEMBERS AND REGULAR OVERNIGHT ADULT GUESTS IN HOME (Place an "X" to the left of the host sibling.)*

"X"	NAME	GENDER	BIRTHDATE	GRADE	AGE (as of 7/22/23)	Hobbies/Interests/Personality

**If needed there is additional space on page 2*

Why does your family want to host? _____

Family interests during the summer: _____

What languages are spoken in your home? _____

Please list any amenities which a student could use in your home (ex: ping-pong table, piano, basketball hoop)

Do you have any indoor pets? Yes No If yes, what animals & how many?

Farm and/or Outdoor Animals: _____

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

of acres and type of crop if applicable: _____

Optional: What is your family's religious affiliation, if any? _____

Optional: How often do you attend religious services? _____

Are there any physical, developmental or psychological health conditions in your family of which a delegate would need to be aware (ex: physical disability, Down syndrome, hearing loss, ADD/ADHD, Autism, etc.)? If yes, who has the conditions? What are the signs/symptoms? Is there anything the delegate should be aware of?

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

HOST SIBLING INTERESTS (To make the best match possible, please provide additional information about the hosting sibling.)

Name of hosting sibling/delegate: _____

What activities do you enjoy?

- | | | | | | |
|---|--------------------------------------|----------------------------------|------------------------------------|--|---|
| <input type="checkbox"/> Writing | <input type="checkbox"/> Photography | <input type="checkbox"/> Museums | <input type="checkbox"/> Cooking | <input type="checkbox"/> Trying New Food | <input type="checkbox"/> Painting/drawing |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Gardening | <input type="checkbox"/> Hiking | <input type="checkbox"/> Camping | <input type="checkbox"/> Nature/Outdoors | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Studying | <input type="checkbox"/> Movies | <input type="checkbox"/> Computers | <input type="checkbox"/> Video Games | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Singing | <input type="checkbox"/> Dancing | <input type="checkbox"/> Acting | <input type="checkbox"/> Swimming | | |
| <input type="checkbox"/> Playing a Musical Instrument | What Kind? | _____ | | | |
| <input type="checkbox"/> Watching a Sport | What Kind? | _____ | | | |
| <input type="checkbox"/> Reading Books | What Kind? | _____ | | | |
| <input type="checkbox"/> Animals/Pets | What Kind? | _____ | | | |
| <input type="checkbox"/> Watching TV | What Kind? | _____ | | | |
| <input type="checkbox"/> Other Activities | What? | _____ | | | |

What type of sports do you play?

- | | | | | | |
|---------------------------------|-------------------------------------|------------------------------------|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Baseball | <input type="checkbox"/> Hockey | <input type="checkbox"/> Tennis | <input type="checkbox"/> American Football | <input type="checkbox"/> Martial Arts |
| <input type="checkbox"/> Skiing | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Running | <input type="checkbox"/> Swimming | <input type="checkbox"/> Basketball | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Ping Pong | <input type="checkbox"/> Other: | _____ | |

What type of music do you enjoy?

- | | | | | | |
|------------------------------------|-------------------------------------|-------------------------------|--------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Classical | <input type="checkbox"/> Disco | <input type="checkbox"/> Rock | <input type="checkbox"/> Popular | <input type="checkbox"/> Folk | <input type="checkbox"/> Country & Western |
| <input type="checkbox"/> Jazz | <input type="checkbox"/> Show Tunes | <input type="checkbox"/> Rap | <input type="checkbox"/> Alternative | <input type="checkbox"/> Hip Hop | <input type="checkbox"/> Other: _____ |

Your Personality Characteristics:

- | | | | | | | |
|------------------------------------|----------------------------------|--------------------------------|------------------------------------|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Sociable | <input type="checkbox"/> Curious | <input type="checkbox"/> Shy | <input type="checkbox"/> Emotional | <input type="checkbox"/> Cheerful | <input type="checkbox"/> Energetic | <input type="checkbox"/> Love to Laugh |
| <input type="checkbox"/> Talkative | <input type="checkbox"/> Patient | <input type="checkbox"/> Tidy | <input type="checkbox"/> Tolerant | <input type="checkbox"/> Serious | <input type="checkbox"/> Honest | <input type="checkbox"/> Considerate of others |
| <input type="checkbox"/> Studious | <input type="checkbox"/> Loyal | <input type="checkbox"/> Quiet | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Other: | _____ | |

TYPE OF HOME

- Single family house Condo Duplex Apartment Mobile Home Other: _____
- Smoking household Non-smoking household Smoking forbidden in our household
- Please list any amenities which a student could use in your home (ex: ping-pong table, piano, basketball hoop)

Do you have a home-based business? Yes No

If yes, please describe: _____

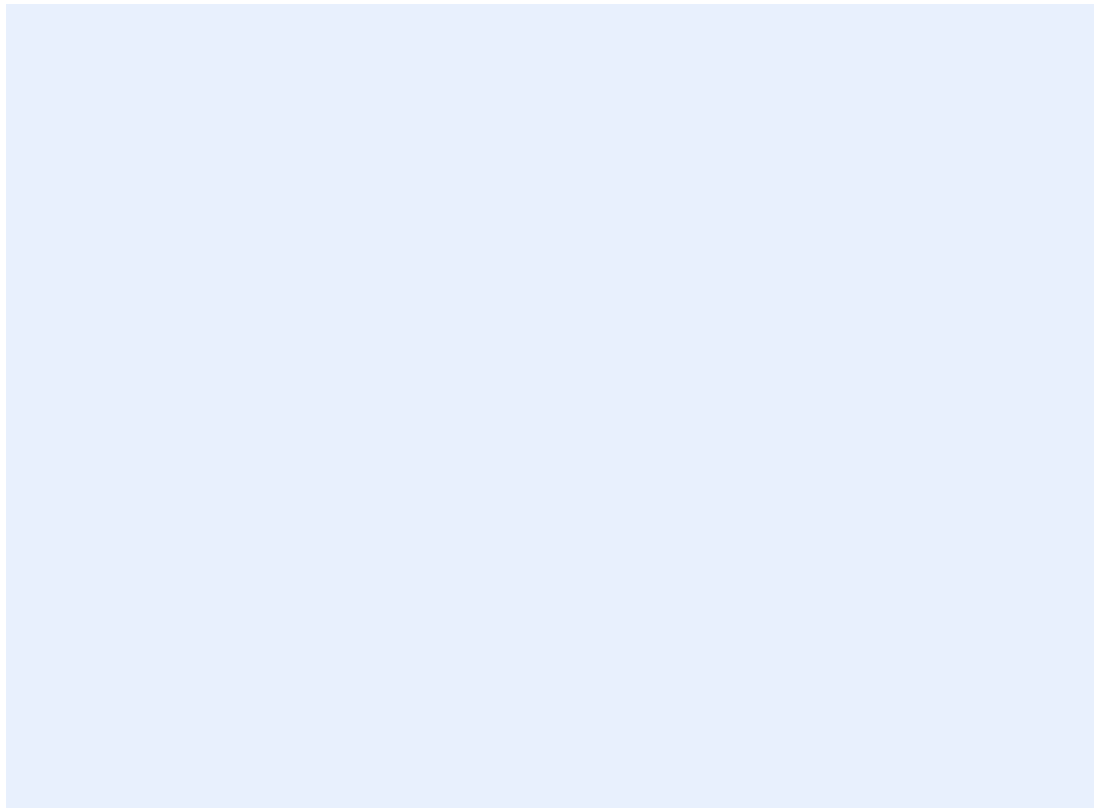
What types of chores/responsibilities will the student be expected to do?

What are your family's expectations for hosting a student?

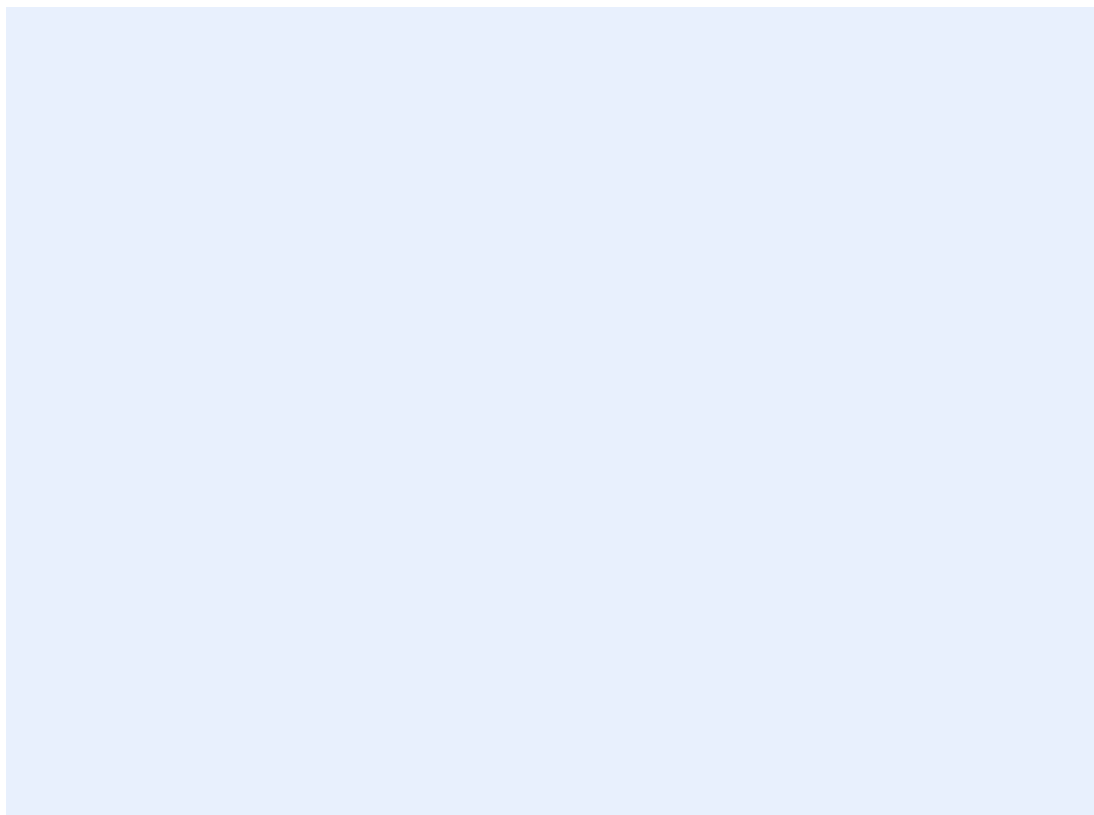
Please list additional family members and regular overnight adult guests in home if applicable

NAME	GENDER	BIRTHDATE	GRADE	AGE (as of 7/22/23)	Hobbies/Interests/Personality

PHOTO: Please attach a recent family photo(s) to this page and identify all family members in the photo. To insert a digital picture, click on the photo icon in the center of the box. Alternatively, submit a family photo by email to your 4-H Coordinator.



Description: _____



Description: _____

PREFERENCES FOR EXCHANGEES

(Please check the types of exchange student your family would be able to host)

Youth (ages 12-18) for **one month** (July to August)
Gender preference: Male Female Either is acceptable Age Preference: _____
If our first choice is unavailable, we will accept someone who is a different age: Yes No

Adult Leader for approximately **two weeks** or **four weeks** (July or August)
Gender preference: Male Female Either is acceptable
Duration: Two weeks Four weeks Either is acceptable

ADDITIONAL INFORMATION

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-Name(s) _____ No

How did you learn about hosting with the S4-H Program? _____

Has your family hosted an exchange student before? Yes No

If "yes," name of organization(s): _____ Year(s): _____

Country(s): _____ Length of stay(s): _____

Does anyone in the family follow dietary restrictions? Yes No

If yes, please describe: _____

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

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

If yes, please describe: _____

Is your family financially able to provide the student a bed, three meals a day, and any family activities you may choose to do for the duration of the program?

Yes No

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

DEMOGRAPHIC INFORMATION

Race/Ethnicity, optional (used for statistical purposes only):

Ethnicity (please indicate the number of individuals in your household for which each category applies):

_____ Hispanic _____ Not Hispanic

Race (please indicate the number of individuals in your household for which each category applies):

_____ American Indian/Alaskan Native _____ Asian _____ Black/African-American

_____ Hawaiian/Pacific Islander _____ White _____ Two or more races

_____ Other: _____

WE UNDERSTAND/CONFIRM (Parent(s) and host sibling, please initial)

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

_____ All family members, especially the host sibling, will make sure that the delegate feels comfortable around friends and is included in our activities.

_____ No special arrangements for entertaining or traveling with this delegate 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 sent 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(s).

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

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

_____ We will contact the state or local 4-H coordinator immediately if illness or a problem/concern is evident. We understand and accept that in certain instances a delegate must be removed from a home after placement.

_____ If our family owns guns, they must be locked and kept out of sight during the homestay. (A visible but locked gun cabinet is OK.)

_____ We will contact the state or local 4-H coordinator immediately if any of the following occur after the date of our application or while we are serving as a 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 households is arrested for a crime.

_____ 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.

If you are unable to initial the last blank, please enter your comments here and we will follow up:

Parent Name: _____ Signature: _____ Date: _____

County 4-H Representative Name _____ Signature: _____ Date: _____

State 4-H Coordinator Name _____ Signature: _____ Date: _____

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

Name: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail Address: _____

Name: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

E-mail Address: _____



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