



# STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS 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](http://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<br>(eg host mom) | BIRTHDATE (Optional) |     |
| EMAIL:                              |                   |            |                                           |                      |     |
| HOBBIES/INTERESTS/ PERSONALITY      |                   | WORK PHONE | EMPLOYER                                  | OCCUPATION           |     |
| ADULT # 2 NAME                      |                   | CELL PHONE | Relationship to Delegate<br>(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) | 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**

- |                                              |                                                |                                                             |                                    |                                      |                                       |
|----------------------------------------------|------------------------------------------------|-------------------------------------------------------------|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Single family house | <input type="checkbox"/> Condo                 | <input type="checkbox"/> Duplex                             | <input type="checkbox"/> Apartment | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Smoking household   | <input type="checkbox"/> Non-smoking household | <input type="checkbox"/> 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: \_\_\_\_\_

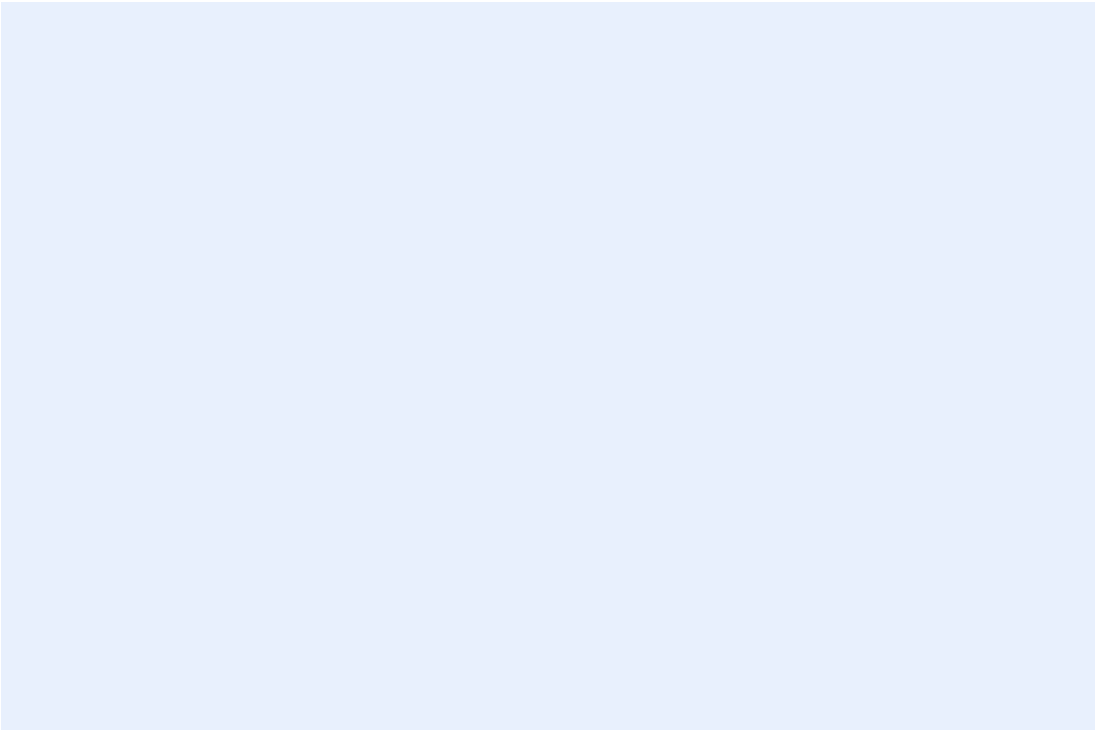
What types of chores/responsibilities will the student be expected to do?

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

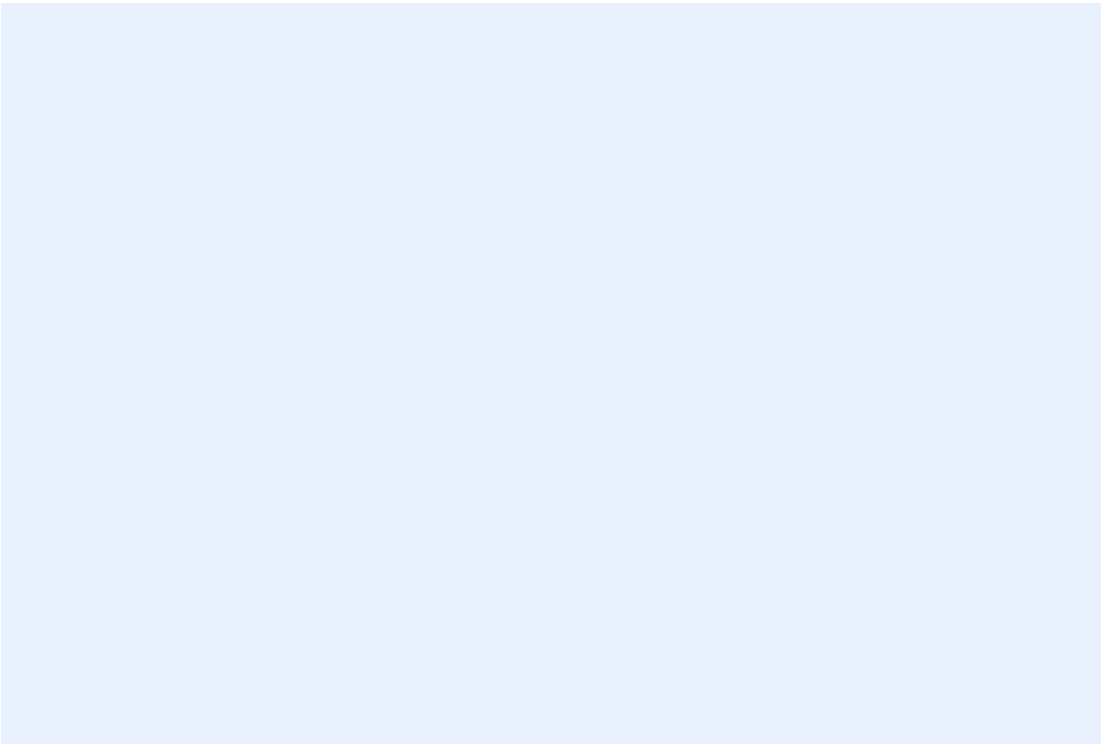
**Please list additional family members and regular overnight adult guests in home if applicable**

| NAME | GENDER | BIRTHDATE | GRADE | AGE (as of 7/22/24) | 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?

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## 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.

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Signature (Adult #1)

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Print name

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Date

---

Signature (Adult #2)

---

Print name

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Date