



INTERNATIONAL FOUR-H YOUTH EXCHANGE HOST FAMILY APPLICATION

HOST FAMILY INFORMATION		INTERNATIONAL EXCHANGEES (For Office Use Only)	
Family Name:		Organization:	
Address:		Name:	
City:	State:	I.D. Code:	
Zip:	County:	Sex: _____ Age: _____	
Home Telephone: ()			
Email Address:			
Father's Name:	Date of Birth:	Occupation:	Work Telephone: ()
Soc. Security No.:			
Mother's Name:	Date of Birth:	Occupation:	Work Telephone: ()
Soc. Security No.:			

OTHERS IN HOME

Name	Sex	Date of Birth	Hobbies/Interests/Personality Traits

Location of Home: City (Pop. _____) Town (Pop. _____) Rural/Non-farm Farm Other: _____

If farm, describe farm (acres/livestock/crops): _____

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

Describe family interests: _____

Check box that applies to your household:

- Smoking Non-smoking Smoking forbidden
 Detached house Trailer home Apartment Other (describe): _____
 No pets in house Cat(s) in house Dog(s) in house Other pets in house: _____

Are there any special health considerations in the family? Yes No If yes, please explain: _____

Would your exchangee be expected to attend church with you? Yes No Religion (optional): _____

Language Ability. Describe languages, other than English, spoken by family members living at home, and the user's skill level: _____

Has your family hosted an exchangee before? Yes No

If "yes," from what Country(ies): _____ When: _____

Name of Program(s): _____

Why is your family interested in hosting an international exchangee? _____

Please describe your community, including information such as size, ethnic make-up, resources, climate, distinguishing features, etc. (additional page[s] may be added if more room is needed) _____

PREFERENCES FOR EXCHANGEES

(Please check types of exchangees and state time frame during which your family would be able to host.)

_____ Youth (ages 16-26) from: _____ / _____ , 20____ (program runs June to August)

Prefer: Male Female Either is acceptable

_____ Youth (ages 19-30) from: _____ / _____ , 20____ (program runs June to December)

Prefer: Male Female Either is acceptable

_____ Adult leader for approximately two weeks in July or August

Prefer: Male Female Either is acceptable

If our first choice is not available, we will accept someone of a different sex: Yes No

If our first choice is not available, we will accept someone of a different age: Yes No

WE UNDERSTAND/CONFIRM

- If selected as a host family, our family will be expected to treat the exchangee as one of the family members, and we will make a conscious effort to include the exchangee in all family activities.
- No special arrangements are expected for entertaining or traveling with this exchangee. The program emphasizes the experience of normal family life.
- An orientation session and orientation materials may be provided. If provided, we are expected to read the information and familiarize ourselves with this material in preparation for this exchange. If an orientation for host families is held, we are required to attend.
- All applicants will receive notification of selection as soon as possible by the state coordinator/designee for the program. Selection is based on references, application, and ability to closely match participants and families.
- Our family must be flexible, patient, and willing to communicate both verbally and non-verbally while hosting a person from another country.
- No member of our immediate family has ever been arrested or convicted for child abuse, drug abuse, or any other criminal offense.
- All family members should make sure that the exchangee feels comfortable around friends and feels included in activities.
- We will contact the relevant international exchange coordinator immediately if illness or other problems occur.

Parent (Host Father) Signature: _____ Date: _____

Parent (Host Mother) Signature: _____ Date: _____

Host sibling(s) signature(s), if any: _____ Date: _____

_____ Date: _____

(Please add additional page if more signatures required)

4-H Youth Agent Signature: _____ Date: _____

REFERENCES: Please list three other people who can be contacted as references (not family members or relatives):

1. Name: _____ Telephone: _____
Address: _____
Email: _____
2. Name: _____ Telephone: _____
Address: _____
Email: _____
3. Name: _____ Telephone: _____
Address: _____
Email: _____

International Four-H Youth Exchange Association of the USA
Please Mail to: ADDRESS listed for IFYE Assn President
For further information, please see
[IFYE Brochure](#)