

**Counselor:** SIGNET 241AU&3 BAOE Mail to:  
**Rotary Youth Exchange Secretary**  
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# Host Family Application

Host Family: [ ] 1 [ ] 2 [ ] 3 (Check one)

APPLICANT INFORMATION Gender: [ ] M [ ] F			SPOUSE INFORMATION Gender: [ ] M [ ] F		
FULL NAME			FULL NAME (SPOUSE)		
RESIDENCE STREET ADDRESS			CITY	State	ZIP
EMAIL ADDRESS			EMAIL ADDRESS		
HOME PHONE	OFFICE PHONE	CELL PHONE	HOME PHONE	OFFICE PHONE	CELL PHONE
EMPLOYER			EMPLOYER		
POSITION	CONTACT	PHONE	POSITION	CONTACT	PHONE
ROTARY MEMBER?	CLUB NAME		ROTARY MEMBER?	CLUB NAME	
List children, others living at home full or part-time. Anyone 18 years or older MUST complete a background check					
NAME	GENDER	AGE	RELATIONSHIP	LIVES AT HOME?	
				[ ] YES	[ ] NO
				[ ] YES	[ ] NO
				[ ] YES	[ ] NO
				[ ] YES	[ ] NO
HOST FAMILY PREFERENCES - STUDENT ACCOMMODATION INFORMATION					
I / WE ARE APPLYING TO HOST FOR: [ ] ACADEMIC YEAR (3-4 MONTHS) [ ] SHORT TERM (2-6 WKS)			I / WE WOULD PREFER TO HOST DURING: [ ] FALL [ ] WINTER [ ] SPRING [ ] SUMMER [ ] ANYTIME		
GENDER PREFERENCE: [ ] FEMALE [ ] MALE [ ] EITHER		PREFERENCE CONCERNING SMOKING: [ ] WILL RECEIVE SMOKER [ ] PREFER "NON" BUT WILL RECEIVE SMOKER [ ] WILL NOT RECEIVE SMOKER			
WILL STUDENT SHARE A BEDROOM? [ ] YES [ ] NO IF YES, WILL SHARE ROOM WITH:			DO YOU HAVE NEIGHBORS OR FRIENDS WITH SCHOOL-AGED CHILDREN?		
GENERAL INFORMATION ABOUT YOU AND YOUR FAMILY					
INDICATE BRIEFLY YOUR REASONS FOR WISHING TO PARTICIPATE IN ROTARY YOUTH EXCHANGE:					
IF YOU HAVE HOSTED BEFORE, PLEASE DESCRIBE YOUR EXPERIENCES:					
INDICATE FOREIGN LANGUAGE BACKGROUND, IF ANY, FOR FAMILY MEMBERS:					

HAVE ANY FAMILY MEMBERS TRAVELED ABROAD? IF SO, WHO, WHEN AND WHERE:

PLEASE LIST YOUR HOBBIES, SPECIAL INTERESTS, ORGANIZATIONS AND CLUBS TO WHICH FAMILY MEMBERS BELONG:

DO YOU HAVE PETS INSIDE YOU HOME? IF SO, PLEASE INDICATE TYPES, ETC.

HOW DID YOU LEARN ABOUT ROTARY AND HOSTING EXCHANGE STUDENTS?

**PERSONAL REFERENCES (PLEASE PROVIDE THREE)**

NAME	RELATIONSHIP	REF CHECKED BY
STREET, CITY, STATE, ZIP		PHONE
NAME	RELATIONSHIP	REF CHECKED BY
STREET, CITY, STATE, ZIP		PHONE
NAME	RELATIONSHIP	REF CHECKED BY
STREET, CITY, STATE, ZIP		PHONE

**PRIOR RESIDENCE (IF LESS THAN 5 YEARS AT CURRENT ADDRESS) / EMPLOYMENT INFORMATION**

RESIDENCE STREET, CITY, STATE, ZIP		HOW LONG AT THIS ADDRESS?	
PREVIOUS EMPLOYER	CONTACT NAME	PHONE	YRS EMPLOYED

**Waiver/Consent/Release:** I certify that all of the statements in this affidavit, 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 affidavit 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 6080 Youth Exchange program or its affiliates. I further certify that I understand that Rotary District 6080 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 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 in the Rotary District 6080 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 District, 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 affidavit or participation in the Youth Exchange program. I further agree to conform to the rules, regulations, and policies of Rotary International, the Rotary District 6080 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 6080 Youth Exchange program or its affiliates, or at my option. I understand and agree that the Rotary District 6080 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 affidavit, waiver, consent and release, and that I sign this form voluntarily.**

APPLICANT SIGNATURE		SPOUSE SIGNATURE	
PLEASE PRINT APPLICANT NAME	DATE	PLEASE PRINT SPOUSE NAME	DATE
IN-HOME INTERVIEW <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE	APPLICANT INITIAL:
ORIENTATION CONDUCTED BY:		DATE	PARTNER INITIAL:
		ACCEPTED <input type="checkbox"/> YES <input type="checkbox"/> NO	: