

Host Family Application

Rotary District 6080 Youth Exchange
 20 Allies Alley, Sunrise Beach, MO 65079
FAX: (312) 423-1843
E-mail: admin@rye6080.org

HOST CLUB:	
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STUDENT'S NAME:	ROTARY COUNSELOR:
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HOST FATHER RACE:	HOST MOTHER RACE:
FULL NAME (As appears on driver's license)	FULL NAME (As appears on driver's license)

RESIDENCE STREET ADDRESS -----cont'd ----->	CITY	State	ZIP
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EMAIL ADDRESS	EMAIL ADDRESS
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HOME PHONE	OFFICE PHONE	CELL PHONE	HOME PHONE	OFFICE PHONE	CELL PHONE
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EMPLOYER	EMPLOYER
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POSITION	CONTACT	PHONE	POSITION	CONTACT	PHONE
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FAMILY INCOME RANGE: \$35,000-\$50,000 \$50,000 - \$100,000 OVER \$100,000

ROTARY MEMBER?	CLUB NAME	ROTARY MEMBER?	CLUB NAME
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List children, others living at home full or part-time. **Anyone 18 years or older MUST have a background check**

NAME	GENDER	AGE	RELATIONSHIP	LIVES AT HOME?
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

HOST FAMILY PREFERENCES - STUDENT ACCOMMODATION INFORMATION

GENDER PREFERENCE: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> EITHER	I WOULD PREFER TO HOST DURING: <input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING
WILL STUDENT SHARE A BEDROOM? <input type="checkbox"/> YES <input type="checkbox"/> 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:

Rotary Club:	Student's Name:	Family 1 2 3
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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 (Can not be relatives or current Rotarians)

NAME	RELATIONSHIP	References Checked By
STREET, CITY, STATE, ZIP		PHONE
NAME	RELATIONSHIP	References Checked By
STREET, CITY, STATE, ZIP		PHONE
NAME	RELATIONSHIP	References 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.**

HOST FATHER'S SIGNATURE	Father's SS# (Req for background check)	DOB (MM/DD/YYYY)
HOST MOTHER'S SIGNATURE	Mother's SS# (Req for background check)	DOB (MM/DD/YYYY)
SIGNATURE OF ANY OTHER ADULTS LIVING IN HOME	Adult's SS# (Req for background check)	DOB (MM/DD/YYYY)

CBC'S APPROVED: Host Father Host Mother Other Adult in Family DATE APPROVED:

SS#s & DOBs will be used for background checks ONLY and will then be REMOVED from the application.

INSTRUCTIONS TO INBOUND COUNSELOR: Please put your initials beside the names of the references listed above to confirm that you have checked these references. Then return this application to the District RYE Office by FAX, E-mail or US mail. If the references are not checked, this application will be returned to you for follow-up.