



IFYE HOST FAMILY APPLICATION

HOST FAMILY INFORMATION		INTERNATIONAL EXCHANGEES	
Family Name:		(For Office Use Only)	
Address:		NAME:	
City:	State:	COUNTRY:	
Zip:	County:	GENDER:	
Home Telephone:		AGE:	
Email Address:			
Father's Name:	Date of Birth:	Occupation:	Telephone: (H / C / W)
Mother's Name:	Date of Birth:	Occupation:	Telephone: (H / C / W)

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): _____
 Pets in house Yes No If yes, describe type and number of pets: _____

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

FAMILY NAME _____ STATE _____

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
(AGES 19 and above)**

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

We are able to host from: _____ to _____, 20__

Prefer: Male Female

If our first choice is not available, we will accept someone of a different gender: 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.
- 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.
- 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) Name/Email: _____
 Parent (Host Mother) Name/Email: _____
 Host sibling(s) name(s) / email(s), _____
 over 18 (in age): _____

Interviewer's Signature: _____ Date: _____

Interviewer's PRINTED Name: _____

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

1. Name: _____ Telephone: _____
 Address: _____ (H / C / W)
 Email: _____
2. Name: _____ Telephone: _____
 Address: _____ (H / C / W)
 Email: _____
3. Name: _____ Telephone: _____
 Address: _____ (H / C / W)
 Email: _____

<p align="center">IFYE Association of the USA, Inc.</p> <p>UPLOAD FILE by saving to computer & pressing submit below on yellow button: OR</p> <p><i>Mail to: ALAN LAMBERT IFYE Nat'l Program Director 4901 Macarthur Lane #8 SIOUX FALLS, SD 57108</i></p> <p>OR Scan/Email to: alanelambert@ifyeusa.org</p>	<p align="center">STATE IFYE COORDINATOR USE ONLY</p> <hr/> <p>ACCEPTED BY: _____ Printed Name</p> <p>Date _____</p> <p>Signature _____</p>
--	--