



IFYE HOST FAMILY APPLICATION



HOST FAMILY INFORMATION		INTERNATIONAL EXCHANGE (For Office Use Only)	
Family Name:		NAME: _____	
Address:		COUNTRY: _____	
City:	State:	GENDER: _____	
Zip:	County:	AGE: _____	
Home Telephone:			
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):

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 exchange 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 exchange before? Yes No

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

Name of Program(s): _____

Why is your family interested in hosting an international exchange?

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: (1st Choice) _____ to _____

We are able to host from: (2nd Choice) _____ to _____

Prefer Male Female

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

FAMILY NAME _____ STATE _____

WE UNDERSTAND/CONFIRM

- If selected as a host family, we will be expected to treat the exchange as one of the family members, and we will make a conscious effort to include the exchange in all family activities.
- No special arrangements are expected for entertaining or traveling with this exchange. 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 exchange feels comfortable around friends and feels included in activities.
- We will contact the relevant international exchange coordinator immediately if illness or other problems occur.

	NAME	EMAIL ADDRESS
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 people who can be contacted as references (not family members or relatives):

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

IFYE Association of the USA, Inc.	STATE IFYE COORDINATOR USE ONLY
Submit completed application online at https://ifyeusa.org/host-family/host-family-application.html OR	ACCEPTED BY: _____
Mail to: <i>ALAN LAMBERT IFYE Nat'l Program Director</i> 7310 W 58th Street SIOUX FALLS, SD 57106 OR Scan/Email to: alanelambert@ifyeusa.org	Date: _____
	Signature: _____