



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

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| 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: ALAN LAMBERT IFYE Nat'l Program Director 7310 W 7: vj 'Ut gg SIOUX FALLS, SD 57106 OR Scan/Email to: alanelambert@ifyeusa.org | Date: _____ |
| | Signature: _____ |