

# ROTARY INTERNATIONAL DISTRICT \_\_\_\_\_



## Youth Exchange HOST HOME APPLICATION

Please type

### Section A

We are applying to the \_\_\_\_\_ Rotary Club to host the foreign exchange student

\_\_\_\_\_ who will enter or entered the country  WIN  SUM \_\_\_\_\_  
**Student's Family Name** **First Name** Year

Parent #1 full name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse/Partner's full name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Residence address (Cannot be a P O Box) \_\_\_\_\_

City \_\_\_\_\_ State/Province/Country \_\_\_\_\_ Postal code \_\_\_\_\_ Residence Phone \_\_\_\_\_

Applicant's Employer \_\_\_\_\_ Position \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Spouse/Partner's Employer \_\_\_\_\_ Position \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Citizen of \_\_\_\_\_ email: \_\_\_\_\_ (if none please enter none)

Citizen of \_\_\_\_\_ email: \_\_\_\_\_ (if none please enter none)

If there are others in the household with a different email address please list their name and email addresses on page 6

List all children:

Full Name	Sex	DOB	At home?
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>
_____	_____	_____	yes <input type="checkbox"/> no <input type="checkbox"/>

**Adult residents & children signatures see page 8.**

List all other persons living full time or part time in your home; indicate relationship if any, age and sex (Use page 4 for details)

Full Name	SEX	DOB	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please indicate your feeling about a student who smokes: Will accept  will not accept a smoker

## Section C

Student's Family Name \_\_\_\_\_

First Name \_\_\_\_\_

We would prefer to host a Girl  Boy  Either

Have any family members lived or traveled abroad? Indicate when and where \_\_\_\_\_

Have you hosted an exchange student before? \_\_\_\_ If yes when? \_\_\_\_\_ If more than one list on page 6

For what exchange program? \_\_\_\_\_

US Department of State regulation prohibit families from hosting relatives.

Is the student you plan on hosting related to you or anyone in the house? Yes  No

Will you be hosting more than one exchange student in your home at the same time? Yes  No

Household Income:  Less than \$25,000;  \$25,000 to \$35,000;  \$35,000-\$45,000;  \$45,000-~~\$55,000~~ \$55,000-\$65,000;  \$65,000-\$75,000;  \$75,000 or more. **NOTE: This income data will be used solely for the purposes of ensuring that the basic needs of the exchange student can be met, including quality meals and transportation to and from school activities.**

Does anyone residing in your home receive any kind of public assistance?  Yes  No If yes explain \_\_\_\_\_

Any driving violations or accidents?  yes  no \_\_\_\_\_  
(If yes please explain)

as any member of your household ever been charged with a crime?  yes  no If yes, describe in full. Also indicate dates(s) of crime(s) and in which country and state each took place. (Attach a separate sheet if needed)

**Attach separate sheet for answers to any of the questions.**

Please list two personal references (including their addresses and phone numbers) Do Not use relatives

1 Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

2 Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

# Section C

\_\_\_\_\_  
Student's Family Name

\_\_\_\_\_  
First Name

## WAIVER/CONSENT/RELEASE

I/we certify that all of the statements in this application, and in any attachments hereto, are true and correct to the best of my knowledge. I/WE also certify that I/WE have not withheld any information that would affect this application unfavorably, if disclosed. I/we understand that any omission of facts or misrepresentation will result in elimination from consideration as a host family for the Rotary Youth Exchange program or its affiliates. I/we further certify that I/we understand that the Rotary 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/we hereby give my permission for Rotary Youth Exchange to investigate, verify and obtain information given in this application, including searches of law enforcement and published records (including driving records and criminal background checks), contact with former employers and reference interviews. I/WE understand that this information will be used, solely, to determine eligibility as a host home for the Rotary Youth Exchange program. I/WE also understand that as long as I/we remain a host home, the criminal history records check may be repeated at any time. I/WE understand that I/WE will have an opportunity to review the criminal history and that there is a procedure available for clarification, if I/WE dispute the record as received.

I/WE specifically acknowledge that the Rotary Youth Exchange program or its affiliates will inquire about, and I/WE authorize them to verify, prior employment, experience, personal references, background, including criminal background checks which may contain arrest and conviction data. I/WE waive any right to assert that such an investigation or request constitutes an invasion of privacy. I/WE recognize that such inquiries are in the interest of all persons involved with the Rotary Youth Exchange program, and I/WE fully consent to such investigations.

IN CONSIDERATION of my acceptance and participation in the Rotary Youth Exchange program, I/WE, 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 Districts, 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 the investigation of backgrounds in connection with this application.

I/WE further agree to conform to the rules, regulations, and policies of Rotary International, the Rotary Youth Exchange program and its affiliates, and understand that our service can be modified or terminated, with or without notice or cause, at any time, at the option of either the Rotary Youth Exchange program or its affiliates, or at our option. I/WE understand and agree that the Rotary Youth Exchange program or its affiliates may, in their sole discretion, decline to accept my application for host home with or without cause.

**I/WE ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTAND THE ABOVE, WAIVER, CONSENT AND RELEASE, AND THAT I/WE SIGN THIS FORM VOLUNTARILY.**

I/We acknowledge the following:

**That on \_\_\_\_\_ I/We were interviewed in our home by a representative of the Rotary program.  
Date Who also inspected our home and took the required 5 pictures of our kitchen; student's bedroom; bathroom and family or living room and the exterior of our residence.**

**That I/We were given a copy of the rules of the program and will attend an orientation session at a later date. I/we hereby acknowledge receipt of the rules of the program.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/partner

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

The information in Sections C & D will not be provided to the exchange student.

## Section C

Student's Family Name

First Name

For all adult residents; adult children; or other adults with access to the home:

Print Parent #1 full legal name, including middle name	Drivers license number	Date of Birth	Social Security #
Print spouse/partner's full legal name, including middle name	Drivers license number	Date of Birth	Social Security #
Print full legal name, including middle name	Signature	Date of Birth	Social Security #
Print full legal name	Signature	Date of Birth	Social Security #
Print full legal name	Signature	Date of Birth	Social Security #

## CENTRAL STATES ROTARY YOUTH EXCHANGE PROGRAM, INC.

### Your Privacy is Important to Us

We want you to know that protecting the privacy of your personal information is one of our top priorities. We value our relationship with you. The very nature of our relationship with you requires us to collect or share certain types of information about you. We want you to know what information we collect, how we protect it and how we may use it. This privacy notice explains how we use and protect potential, current and former volunteer and host family information. Please read it carefully.

### What Personal Information Do We Have?

We collect information, such as name, address, social security number, and employment status, as outlined on the application you completed for us. The type of information we collect depends on your request and may include:

- Information we receive from you when you complete the application as a volunteer or host family;
- Information we receive from your references in connection with your application.
- Information we receive from third parties (such as motor vehicle reports and criminal background information).

### How Do We Use Your Personal Information?

We may use your personal information and may provide it to authorized personnel from the U S Department of State and firms that conduct audits of our records.

- To approve your request;
- To fulfill legal and regulatory requirements;

We do not disclose any personal information about our potential, current and former volunteers and host families unless required by law.

We will not disclose any information we collect about you unless authorized by you to do so or as permitted by law. We may share such information without authorization, to the extent permitted by law, with third parties or affiliates assisting us, such as those who assist us investigating your application.

### Protecting the Confidentiality of Your Personal Information

We only allow access to your personal information to those individuals who need it in order carry out the purposes of our program. Individuals who have access to your personal information are required to keep it strictly confidential. We provide training to our volunteers about the importance of protecting the privacy of your information. We maintain safeguards to protect your personal information.

**This space can be used for more details on any of the above questions, or you can attached a separate sheet**

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**Section D**

Student's Family Name \_\_\_\_\_

First Name \_\_\_\_\_

**Host Club Report: .**

*Results of reference checks (to be completed by local Rotary club official)*

1 \_\_\_\_\_ Date \_\_\_\_\_

When is the last time you visited this home? \_\_\_\_\_ How well do you know this family? \_\_\_\_\_

Would you put your child in this home? \_\_\_\_\_ Any other comments \_\_\_\_\_

2 \_\_\_\_\_ Date \_\_\_\_\_

*Attach separate sheet if necessary or use space below*

When is the last time you visited this home? \_\_\_\_\_ How well do you know this family? \_\_\_\_\_

Would you put your child in this home? \_\_\_\_\_ Any other comments \_\_\_\_\_

I hereby certify that I have spoken with the above references \_\_\_\_\_

*print name*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Any additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by Rotarian \_\_\_\_\_ Date \_\_\_\_\_

Print Name

Signature: \_\_\_\_\_