



Host Family Application

Student Name _____ Student Number _____	
International Agent _____	
Program Designation: <input type="checkbox"/> Aug.-Jan. (5 month) <input type="checkbox"/> Jan.-June (5 month) <input type="checkbox"/> Aug.-June (10 month) <input type="checkbox"/> Dec.-Jan. (12 month) <input type="checkbox"/> Other	
Placement Representative Name _____	Placement Date _____
Supervising Representative Name _____	
Address _____	
Telephone (_____) _____	Fax (_____) _____ E-Mail _____

Dear Host Family,
 Thank you for opening up your home to hosting a ESI Student. Please complete this Host Family Application carefully and return to your Area Rep when done. If you have any questions along the way, feel free to call your Area Rep.
 A few things to remember:

- Please print clearly.
- In your Host Family letter, please describe your family, why you want to host, and any pertinent information.
- Please provide at least four pictures of your family including pictures of the outside and inside of your home.
- Please remember to sign and date page four of the Host Family Application.
- You student's family will receive this application.

First and Last Names

Father: _____ Date of Birth: _____

Mother: _____ Date of Birth: _____

Mailing Address: _____
(If PO Box is listed, please include the physical street address below)

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ E-mail: _____

Host Father's Cell Phone : (_____) _____ Host Mother's Cell Phone: (_____) _____

Host Father's Occupation _____ Host Mother's Occupation _____

Additional Family Information- Please list names of children and others at home:

Name: _____ Date of Birth: _____ Sex: _____ Relationship: _____

Name: _____ Date of Birth: _____ Sex: _____ Relationship: _____

Name: _____ Date of Birth: _____ Sex: _____ Relationship: _____

Name: _____ Date of Birth: _____ Sex: _____ Relationship: _____

Please check any and all activities/interests that your family has. Please list any activities/interests not included on the lines below.

_____ Arts and Crafts	_____ Cooking	_____ Music	_____ Soccer
_____ Arts and painting	_____ Family Activities	_____ Photography	_____ Swimming
_____ Back Packing	_____ Fishing	_____ Picnics	_____ Table Games
_____ Baseball	_____ Golf	_____ Raising Animals	_____ Tennis
_____ Biking	_____ Hiking	_____ Reading	_____ Theatre
_____ Bowling	_____ History	_____ Riding Horses	_____ Visiting Relatives
_____ Camping	_____ Hunting	_____ Sailing/Boating	_____ Walking
_____ Church Activities	_____ Ice Hockey	_____ School Activities	_____ Watching TV
_____ Collecting	_____ Jogging	_____ Sewing	_____ Water Skiing
_____ Community Work	_____ Movies	_____ Shopping	_____ Wood Working
_____ Computers	_____ Museums	_____ Snow Sports	_____ Writing

Please list any other specific interests, hobbies, and activities and any awards or commendations: _____

Does anyone in your family play a musical instrument? If so, please describe: _____

Does anyone in your family play a competitive sport? If so, please describe: _____

Will the student share a bedroom? Yes _____ No _____ If yes, with whom? _____
Please note a student may share a bedroom with someone of the same sex and within a reasonable age difference. The student must always have his/her own bed.

Would you accept a student who smoked? Yes _____ No _____ Maybe _____

Under what conditions? _____ Does anyone in your family smoke? Yes _____ No _____

Would you be willing to host a student who is allergic to animals? Yes _____ No _____

Please describe your participation in church and related activities

Religious Affiliation: _____ Name of Church: _____

How often do you attend?

Active(2+ times a week) _____ Average(1-2 times a week) _____ Little Interest _____ No Interest _____

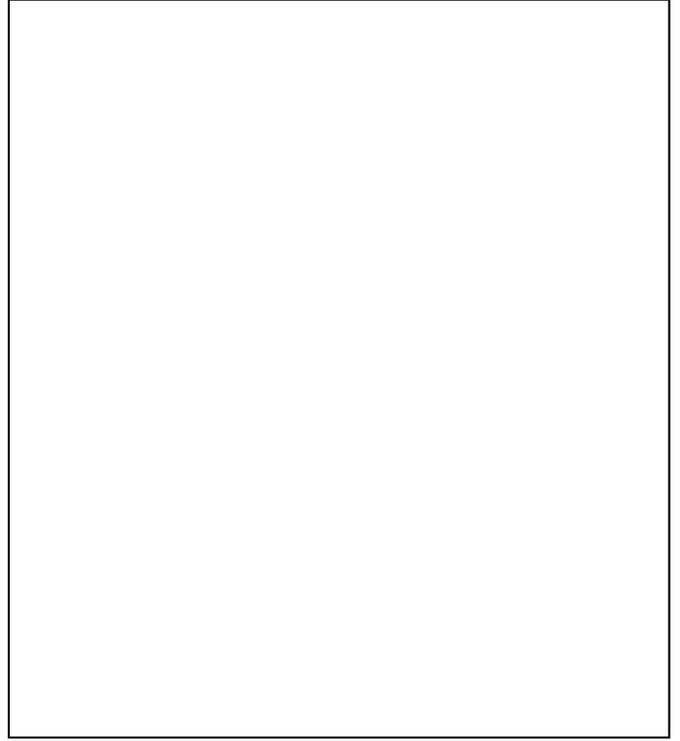
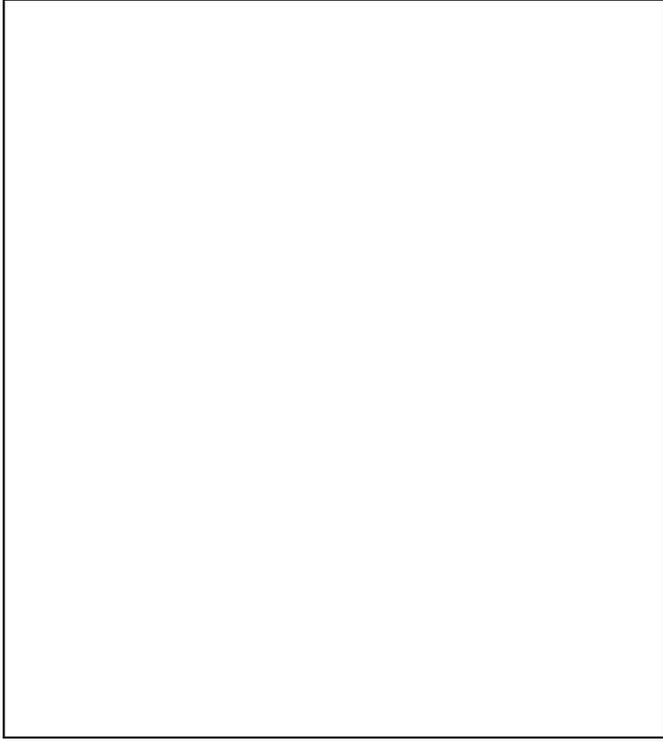
Would you expect your exchange student to attend services with your family? Yes: _____ No: _____

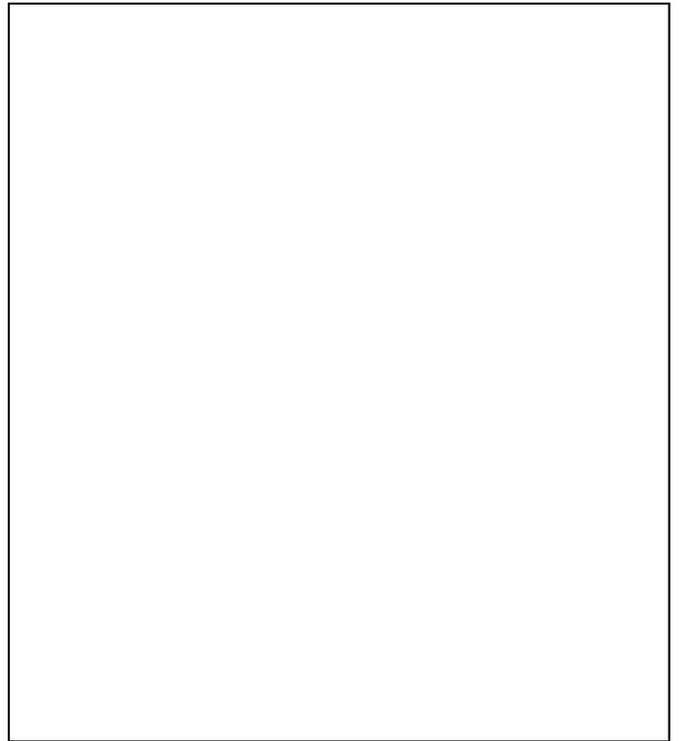
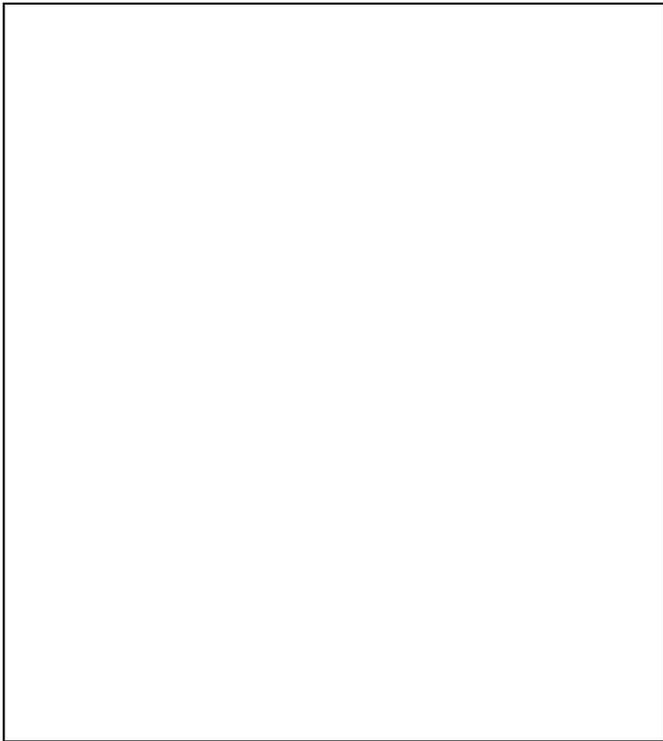
Would you provide transportation to the student's religious services if different from your own? Yes: _____ No: _____

Please list any pets:

Type of animal	Indoors	Outdoors	In and Out

HOST FAMILY PHOTO ALBUM





HOST FAMILY LETTER

Please describe your family, interests, family personalities, lifestyle, and any other information you feel would be important for your student to know.

Please type or print.



EXCHANGE Service

INTERNATIONAL

Host Family Rules

1. Curfew (school nights) _____

Curfew (weekends) _____

2. Chores _____

3. Church (include number of times/hours per week attendance will be expected) _____

4. Other _____

Applicants and their families understand and acknowledge that by signing below they are responsible for the student while the student resides in their home. We agree to treat the student as part of our family, to supply the student with two meals a day and uphold all the ESI rules. In the event of any problem between the student and the American host family, ESI reserves the right to remove the student at any time to resolve the situation.

Father's signature : _____ Date: _____

Mother's signature: _____ Date: _____

PERSONAL REFERENCES

Please list four (4) people who are not relatives and have visited with you in your home.
All information received shall remain confidential.

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: (____) _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: (____) _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: (____) _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: (____) _____

Can you suggest other possible host families?

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: (____) _____

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: (____) _____

Community Information

Describe the type of city/town you live in:

Describe the weather throughout the year:

Snowy and cold winters _____ Rainy and mild winters _____ Hot Summers _____
Mild Summers _____ Dry Air _____

Please list any particular clothes, sports equipment, etc. that your student should bring:

Describe any points of interests, available activities/opportunities for your student in your surrounding area:

Nearest Major City? _____ Distance _____

School Information

Name of High School student will be attending: _____

Address: _____

Phone: (_____) _____ Web-site: _____

School Contact Person: _____

Date School Begins: ____/____/____ Date First Semester Ends: ____/____/____

Date Second Semester Begins: ____/____/____ Date School Ends: ____/____/____

How will the student be transported to school? Car _____ School Bus _____ Public Transportation _____
Walk _____

High School policy regarding graduation of exchange students and or receiving a diploma: _____

Extracurricular activities available including sports available to exchange students: _____



**EXCHANGE
Service**

INTERNATIONAL

**Criminal Background
Check Authorization
and Release**

I, _____
 First Name Last Name Middle Name

 Date of Birth (MM/DD/YYYY) Driver's License Number Social Security Number

 Address Dates of Residence

 Former Address Dates of Residence

Do hereby authorize verification of all information in my application for involvement with the Exchange Program from all necessary sources and additionally authorize any duly recognized agent of General Information Services, Inc. to obtain the said records and any such disclosures.

I understand that in connection with my application for ESI Office Staff, Regional Directors/Managers, Regional Advisors, Area Representatives, and all members of the host family aged 18 and above, a CBC is required for involvement. Unless my position involved handling money or having access to monies and/or other transferable monetary instruments, my Credit History will not be checked. As part of our background check, reports from several sources may be obtained. Reports include, but not be limited to, criminal history reports, Social Security verifications, address histories and Sex Offender Registries. Should any results from the aforementioned reports indicate that driving history records will need to be review during a more comprehensive assessment, an additional authorization and release will be requested at that time. You have the right upon written request to complete and accurate disclosure of the nature and scope of the background check.

Information appearing on this Authorization will be used exclusively by General Information Serviced, Inc. for identification purposed and for the release of information that will be considered in determining any suitability for participation in the ESI Exchange Program.

Upon proper identification and via a request submitted directly to General Information Services, Inc. for identification purposes from General Information Services, Inc. information about the natural and substance of all records on file about me at the time of my request. This may include the type of information requested as well as those who requested reports from General Information Services, Inc. within the two-year period preceding my request.

 Printed Name Applicant Signature Date



EXCHANGE Service INTERNATIONAL

Criminal Background Check Authorization and Release

I, _____
First Name Last Name Middle Name

Date of Birth (MM/DD/YYYY) Driver's License Number Social Security Number

Address Dates of Residence

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Printed Name Applicant Signature Date

HOST FAMILY ORIENTATION SIGN-OFF

Student Name: _____ ID #: _____ Home Country: _____

Host Family: _____ Area Representative: _____

US Organization: Exchange Service InternationalI attended this orientation on _____
Date

By signing this form, you verify that the rules of the exchange program have been explained and you agree to comply with all policies, particularly:

- Independent travel is not permitted while on the exchange program.
- Overnight travel is only allowed with a host parent, representative of the company, church group, school sanctioned chaperone or a tour guide approved by the exchange organization.
- Students are only allowed to operate motor vehicle in the presence a certified driving instructor.
- Program participants are not guaranteed diplomas.
- Visits from the natural family are strongly discouraged and require approval from the national office.
- Students are expected to depart five days from the last day of school.

In addition, this document serves as an acknowledgement that a designated representative of the exchange organization performed an in-home interview, that you have received a host family handbook. Your signature also confirms you have been provided the name and contact information of a supervising representative who will be available to objectively assist you and the student during the program.

Host Parent: _____ / ____ / ____
(signature) date

(print name)

Host Parent: _____ / ____ / ____
(signature) (date)

(print name)