

##### 2018 YOUTH EXCHANGE HOST FAMILY APPLICATION

**Applications may be faxed, mailed, delivered, or e-mailed to:**

Laura Lyons, Youth Leadership Coordinator

1207 SW Broadway, 3rd Floor

Portland, OR 97205

Telephone: (503) 306-5244

Fax: (503) 219-2030

Website: www.worldoregon.org

Email: [laura@worldoregon.org](mailto:laura@worldoregon.org)

*For more information on program specifics, contact the office above.*

**Host 1 Information** (The individual who will be primarily responsible for the exchange participant)

|  |  |
| --- | --- |
| Name: |  |

Last First

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth: |  | Age: |  | Gender: |  |

Month/Day/Year

|  |  |
| --- | --- |
| Address where student will stay: |  |

Number Street City State Zip Code

|  |  |
| --- | --- |
| Cell phone: |  |
| Alternate phone: |  |
| Email address: |  |

**Host 2 Information** (Any individual in your household who will share primary responsibility for the exchange participant, or have secondary responsibility)

|  |  |
| --- | --- |
| Name: |  |

Last First

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Birth: |  | Age: |  | Gender: | Male |

Month/Day/Year

|  |  |
| --- | --- |
| Cell phone: |  |
| Alternate phone: |  |
| Email address: |  |

Please list all persons living in household:

Name Age Relationship to you

|  |  |  |
| --- | --- | --- |
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**Background Information**

Where/how did you first hear about the exchange program?

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Why do you and your family wish to participate in this exchange program as hosts?

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Indicate foreign language background.

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Please tell us a little bit about your family. What are your interests, hobbies, regular activities? Occupations? Religious affiliations? Family dynamics or routines?

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Have family members lived/traveled/studied abroad? If so, please describe whom, where, and when.

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#### Please describe the housing available for the visitor (beds available, shared/separate bedroom/bathroom)

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#### Some youth programs require that hosts assist participants with transportation to attend activities. Would you be available to provide transportation to and from downtown Portland, or orient the student to the public transportation system the first time they use it?

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#### Please list any pets you have in your home.

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Do you have any additional comments or things you would like to share?

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**Please list two personal references**

|  |  |
| --- | --- |
| Name: |  |

Last First

|  |  |
| --- | --- |
| Permanent address: |  |

Number Street City State Zip Code

|  |  |
| --- | --- |
| Personal phone: |  |
| Alternate phone: |  |
| Relationship to you: |  |

|  |  |
| --- | --- |
| Name: |  |

Last First

|  |  |
| --- | --- |
| Permanent address: |  |

Number Street City State Zip Code

|  |  |
| --- | --- |
| Personal phone: |  |
| Alternate phone: |  |
| Relationship to you: |  |

**Applicant Approval**

*I agree that all of the information in this application is true and I agree that if chosen to participate, I will abide by the Homestay Guidelines. Moreover, I and any household members over the age of 18 agree to undergo a background check as is required by the program.*

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| --- | --- | --- |
|  |  |  |

Printed Name Signature Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

Printed Name Signature Date