

DESCRIBE YOUR FAMILY'S DAILY ROUTINE, INTERESTS, COMMUNITY INVOLVEMENT,
AND ACTIVITIES (e.g. camping, crafts, art, music, sport participation, etc.): _____

RELIGIOUS AFFILIATION: _____

ATTITUDE TOWARDS OTHER FAITHS: _____

DOES ANYONE IN YOUR FAMILY SMOKE? _____

WOULD YOU PERMIT YOUR EXCHANGE STUDENT TO SMOKE? _____

DO YOU HAVE PETS? _____

Inside _____ Outside _____

Preference in Hosting: _____ Male _____ Female _____ Either _____ Age Preference

Length of Stay Preferred: School Year _____ Semester _____

WOULD THE STUDENT:

Share a Bedroom? _____ Age of Host Sibling: _____ Have a Private Bedroom? _____

(PLEASE NOTE: STUDENTS MUST HAVE THEIR OWN BED)

Host Home Located in: _____ Town _____ Country _____ Miles from Town/School

PLEASE COMPLETE THE FOLLOWING STATISTICAL INFORMATION:

LEVEL OF EDUCATION:

Father: () High School () College () Other

Mother: () High School () College () Other

ANNUAL FAMILY INCOME:

() Under \$25,000 () \$25,000 - \$35,000 () \$35,000 - \$45,000 () \$45,000 - \$55,000

() \$55,000 - \$65,000 () \$65,000 - \$75,000 () \$75,000 and above

The income data collected will be used solely for the purposes of ensuring that the basic needs of the exchange students can be met including three quality meals daily and transportation to and from school activities.

REFERENCES: (OTHER THAN RELATIVES)

Please give one of the attached Host Family Reference forms to each of your three (3) references that you have indicated below. Please have your references fill out these forms and return the forms to the Westfield Office as soon as possible. The return mailing address is indicated at the bottom of each of the Host Family Reference Forms for the Westfield, New York Office. Thank You.

1. NAME _____

ADDRESS _____

TELEPHONE NUMBER () _____

RELATIONSHIP _____

2. NAME _____

ADDRESS _____

TELEPHONE NUMBER () _____

RELATIONSHIP _____

3. NAME _____

ADDRESS _____

TELEPHONE NUMBER () _____

RELATIONSHIP _____

WOULD YOU CONSIDER SENDING YOUR SON OR DAUGHTER ABROAD ON AN EXCHANGE PROGRAM? Yes _____ No _____ Undecided _____

SCHOOL THE EXCHANGE STUDENT WILL ATTEND: (Circle One: Public or Private)

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE _____

TELEPHONE NUMBER () _____

PRINCIPAL _____

NAME, TELEPHONE NUMBER, & E-MAIL OF CONTACT PERSON AT SCHOOL:

PRESS RELEASE INFORMATION (OPTIONAL)

Name of Local Newspaper: _____

Address: _____

City, State, Zip Code: _____

Phone Number () _____ Email: _____

FATHER'S SIGNATURE _____ **DATE** _____

MOTHER'S SIGNATURE _____ **DATE** _____

International Fellowship, Inc.

HOST FAMILY APPLICATION SUPPLEMENT

The following information and responses are required by the **U. S. Department of State** of all sponsors and their host families as part of the U. S. Department of State's recently extended host family screening process.

HOST FAMILY AND HOME INFORMATION

1. In addition to the photos submitted with the host family application, please describe your type of home (e.g. single family home, condominium, duplex, apartment, mobile home): _____
2. Describe primary rooms and bedrooms: _____

3. Number of bathrooms: _____
4. Describe the student's bedroom: _____

5. Will the exchange student share a bedroom? Y / N If yes, with whom? _____
6. Describe amenities to which the student will have access: _____
7. Utilities: _____
8. Are there any relevant behavioral (or other) characteristics of a family member that could affect the successful integration of the student into the household? Y / N If yes, please explain:

9. Does anyone in the family follow any dietary restrictions? Y / N If yes, please describe:

10. Do you expect the student to follow any dietary restrictions? Y / N If yes, please describe:

11. Would you feel comfortable hosting a student who follows a particular dietary restriction (e.g. Vegetarian, Vegan, etc.)? Y / N
12. Would your family provide three (3) square meals daily? Y / N
13. Does anyone residing in the home receive any kind of public assistance (financial needs-based government subsidies for food or housing)? Y / N If yes, please describe: _____

14. Please identify those personal expenses expected to be covered by the student. _____

15. Describe your expectations regarding the responsibilities and behavior of the exchange student while in your home (e.g. homework, household chores, curfew (school night and weekend), access to refrigerator and food, drinking of alcoholic beverages, driving, smoking, computer/internet/e-mail, etc.): _____

16. What is the language spoken in the home? _____
17. Would anyone in the household have difficulty hosting a student whose religious beliefs were different from their own? Y / N **Note:** A host family may want the exchange visitor to attend one or more religious services or programs with the family. The exchange visitor cannot be required to do so, but may decide to experience this facet of U.S. culture at his or her discretion.

18. How did you learn about being a host family? _____

19. Has any member of the household been charged with a crime? _____

20. Have you ever hosted an exchange student? _____ If yes, when and with what program? _____

HIGH SCHOOL AND COMMUNITY INFORMATION

1. What is the approximate size of the school student body? _____
2. What is the approximate distance between the school and your home? _____
3. What is the approximate start date of the school year? _____
4. How will the exchange student get to the school? _____
5. Would the family provide special transportation for extracurricular activities after school or in the evenings, if required? _____ Y / N
6. Which, if any, of your family's children presently attend the school in which the exchange student visitor is enrolled? _____
 Also, if applicable, list sports/clubs/activities, if any, your children participate(s) in at school.

7. Does any member of your household work for the high school in either a coaching/teaching or administrative capacity? _____ Y / N If yes, please describe: _____

8. Has any member of your household had contact with a coach regarding the hosting of an exchange student with particular athletic ability? _____ Y / N If yes, please describe: _____

9. In what type of community do you live (e.g. urban, suburban, rural, farm)? _____
10. What is the population of the community? _____
11. Briefly describe your neighborhood and community. _____

12. Are there any areas in or near your neighborhood to be avoided? _____ Y / N If yes, please describe: _____

Please note that completion of the Host Family Application and Supplement does not obligate you to host an exchange student. This application and supplement are part of the recently extended host family screening process required by the U.S. Department of State that must be completed before you have access to our student profiles. As always, it is your prerogative to withdraw your application at any time without obligation.

FATHER'S SIGNATURE _____ **DATE** _____
MOTHER'S SIGNATURE _____ **DATE** _____

International Fellowship, Inc.

Community Information

Name of Student: _____ Student # _____

Name of Host Family: _____

Name of City: _____ State: _____

Population of City(Town): _____

City or Town Website: _____

Name of Nearest Major City: _____

Distance: _____ Population: _____

Distance to the following:

Shopping/Mall _____ Church _____ School _____ Town _____

Please Describe the Following:

Local Weather:

Summer: _____

Fall: _____

Winter: _____

Spring: _____

Describe Community:

Location: _____

History/Landmarks: _____

Points of Interest (parks, museums, etc.): _____

Special Events: _____

Items a Student Should Have for Weather Conditions and Activities in the Local Community:

BASIC RESPONSIBILITIES OF INTERNATIONAL FELLOWSHIP

(Please Keep this Form for Your Information)

- ❖ Student Application and Screening Process
- ❖ Host Family Application and Screening Process
- ❖ Assistance with Visa Arrangements for the Student
- ❖ Student Placement Services with a Host Family
- ❖ Domestic & Foreign Air Transportation for the Student to and from the Host Country, if Applicable.
- ❖ Detailed Travel Itinerary Provided to the Student, Host Family, I.F. Local Representative and the High School.
- ❖ Official Approval of Student Enrollment in a Local High School
- ❖ Support and Guidance of I.F. Foreign Chapter Director and National Office Staff.
- ❖ Pre and Post-Arrival Student Orientations, Host Family Interview and Orientation and Pre-Departure Information.
- ❖ Comprehensive Student Health and Accident Insurance; Medical Treatment Release from Natural Parents
- ❖ Emergency Assistance **24 hours a day, seven days a week**, by a qualified national staff member. This is through a **Toll-Free**, phone number **(1-800-647-8839)**.

BASIC RESPONSIBILITIES OF HOST FAMILY

- ❖ An Orderly Home with a Private Bed (if not a separate bedroom) for the Exchange Student
- ❖ Space for the Student to Write Letters, Study and Store Clothing
- ❖ Laundry Facilities
- ❖ Welcome the Student at the Airport upon Arrival and Accompanies the Students to the Airport for Departure Home. The Local Representative may also Greet and Bid the Student Farewell.
- ❖ Daily Meals (students able to prepare own breakfasts) Lunch is Included if it is a bagged lunch from home for School.
- ❖ Insures that the Student is Registered at a High School and Attends on a Daily Basis.
- ❖ Provides Opportunities for the Student to Attend Church of His or Her Faith, if possible.
- ❖ Offers the Student Patience and Understanding, with a Proper Degree of Discipline, as the Student would be a Regular Family Member.
- ❖ Acts in **Voluntary Capacity**, with **No** Compensation from any Source (Charitable Deduction of \$50/month for Hosting in Claiming Taxes)

BASIC RESPONSIBILITIES OF THE EXCHANGE STUDENT AND NATURAL FAMILY

- ❖ **ALL** Program Fees
- ❖ Passport, Travel Documents and Travel Expenses from Home to Point of Departure
- ❖ Round-Trip Transportation if **not** included with the Student's Program Fee.
- ❖ Immunization/Physical Examinations
- ❖ Personal Expenses (Clothing, Toiletries, Souvenirs, Entertainment, Public Transportation, School Supplies, Cafeteria (school) Lunches, Telephone Calls...)
- ❖ **Possibly** Return-Trip Airfare (if applicable) if the Student and/or Parents Violate any of the Rules, Regulations (laws) or Policies of International Fellowship, the Host Family, the School or the Community.
- ❖ **ALL** Costs Associated with the International Fellowship Tour (Student Participation is **OPTIONAL**)

RULES FOR INTERNATIONAL FELLOWSHIP

(Please Keep this Form for Your Information)

THE STUDENT

1. The student must obey the rules of the Host Family.
2. The student should **NOT** stay overnight at a friend's home during the first two (2) weeks while he/she is adjusting to the customs and habits of their new home, school and country.
3. The student is expected to become part of the host family.... To do the **SAME** chores, which are expected of the other children in the home, and to, take part in family activities and functions.
4. The student **MUST** attend school on a daily basis. **NO EXEPTIONS.**
5. The student may **NOT** purchase/consume **ALCOHOLIC BEVERAGES.**
6. Involvement in the use or sale of Drugs/Narcotics or **VIOLATON** of any Local, State or Federal Law will result in the **IMMEDIATE** return of the student to his/her own country at the expense of the **NATURAL FAMILY.**
7. Students are covered by medical insurance, but **MUST** inform his/her host parents of **ANY** illness or accident, so that proper medical attention can be obtained.
8. The student may **NOT** drive any motor vehicle or take driver education courses.
9. The student may **NOT** accept employment for pay during his/her stay abroad.
10. A responsible **ADULT MUST** accompany the student in all overnight travel away from the host family and community. The itinerary, including dates names and telephone numbers must be sent to and approved by International Fellowship, Inc, in Westfield, New York **PRIOR** to travel. This permission is not necessary for routine overnight visits with friends within the community.
11. **ANY** and **ALL** visits or traveling involving **NATURAL FAMILY** while on the International Fellowship program **MUST** be **APPROVED** by **HEADQUARTERS** in Westfield, New York **PRIOR** to **NATURAL FAMILY'S** arrival to the host family's community and home.
12. The student **MUST** return to his/her home country on the date specified by International Fellowship since the **IMMIGRATION DEPARTMENT** and **AIRLINE COMMITMENTS** are involved. **NO SPECIAL EXTENSIONS CAN BE ALLOWED.**
13. If International Fellowship receives a request from a Student's School (Expulsion) and/or Host Family to have a student removed due to behavior unbecoming to a Foreign Exchange Student (Unauthorized Smoking in the Host Home, Consumption of Alcohol, Drugs, Legal Issues, Engaging in Sexual Intercourse, etc.) that student will be subject to the immediate return to his/her own country at the expense of his/her **NATURAL FAMILY.** Any issue involving Expulsion from the Host High School or Behavior "Unbecoming of a Foreign Exchange Student," will be taken under individual consideration.

THE HOST FAMILY

1. The host family should exchange greetings and letters with the natural family of the student. Under **NO** Circumstances should the host family carry on business transactions, make agreements **OR** private arrangements concerning the student without **PRIOR APPROVAL** from International Fellowship.
2. The host family is required to furnish a clean and orderly home, a private bed (if not a separate bedroom), space for studying, clothing storage, laundry facilities and meals (bagged lunch for school is included, **cafeteria bought lunch is not**). **Student is able to prepare his/her own breakfast and bagged lunch.**
3. Must see that the student attends school daily.
4. The host family should provide the opportunity for the student to attend church of his/her own faith, if available. **(Weekly if possible)**
5. The host family should refrain from lending money to the student. The students come with their own spending money. The natural parents will periodically send money to the student.
6. The host family should give the student a great amount of Love, Sympathy, Understanding and a proper amount of discipline. Treat the student as a regular family member.

**FAILURE TO COMPLY WITH THE ABOVE-MENTIONED RULES MAY RESULT
IN REMOVAL FROM THE INTERNATIONAL FELLOWSHIP, INC. PROGRAM
WITHOUT REIMBURSEMENT AND THE POSSIBILITY OF
FORFEITING RETURN TRIP TICKETS (*IF APPLICABLE*)**

International Fellowship, Inc.

CONFIDENTIAL REQUEST FOR HOST FAMILY REFERENCES

Mr. & Mrs. _____ have used your name as a reference on their application to host one of our exchange students. Please complete the following information:

1. How long have you known the family? _____
2. Do you know why they want to be a host family? _____

3. Based on your own opinion, please briefly tell us if you feel they will be a good host family and why: _____

Name _____

Address _____

City, State/Province, Zip Code _____

Telephone Number () _____

Signature _____ Date _____

Yours truly,

International Fellowship, Inc.

YOUR PROMPT REPLY WILL BE GREATLY APPRECIATED

Scan & Email to:
infelwes@gmail.com

OR

Fax to:
716-326-7279

OR

Please Mail To:
International Fellowship, Inc.
P.O Box 130
Westfield, New York 14787

International Fellowship, Inc.

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