



Youth for Understanding India

Host Family Application

Please note that the completion of this application does not guarantee the placement of a YFU student in your home. It will be used together with an interview to select Host Families.

Please use capital letters

Home Address: _____

City: _____ Pin Code: _____ State: _____

Telephone number: (____) _____

Host Father

Name: _____

Date of Birth : ____/____/____ Occupation: _____
Day Month Year

Mobile phone: _____ Office phone: _____

E-mail address: _____

Host mother

Name: _____

Date of Birth : ____/____/____ Occupation: _____
Day Month Year

Mobile phone: _____ Office phone: _____

E-mail address: _____

Family members including your children not living in your home, and any other relatives living in your home:

e.g.

Name	Relationship	Email	D.O.B	Living at Home
Sonia	Daughter	abc@yahoo.com	Jan - 01 - 84	Yes

Have family members lived or traveled abroad? If so, outline which members traveled abroad, the year and where they went.

Please indicate if you have pets in your home? Cats Dogs Other(s): _____

Why are you interested in hosting an exchange student?

School Information:

High school name and address near to your house: _____

Principal Name: _____ Telephone: _____ Fax: _____

Name and address of the school your child attends: _____

Principal Name: _____ Telephone: _____ Fax: _____

Hosting experience:

Has your family hosted an exchange student in the past? Yes No

If you indicated "Yes", please indicate which program(s) and what year(s) you hosted:

Hosting Preferences:

Please indicate below your preferences:

- We would prefer to host: Male Female Either

- Length of stay: Six weeks four months nine months
- Would you accept to host a student who uses tobacco products? Yes No

Religious preferences:

Describe the family's religious involvement:(Check one): Very active Active Little interest

Do you expect the student to attend temple/mosque/church with your family? Yes No
 Weekly Monthly Occasionally

Would you accept a student of a different religion, or who has no religious affiliation? Yes No

Please indicate activities, hobbies, and interests of family members

Outdoor activities

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Football |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Karate/judo |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Bicycling | <input type="checkbox"/> Running/skating |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Camping |
| <input type="checkbox"/> Traveling | <input type="checkbox"/> Gardening |

If others, please specify:

Indoor activities

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Photography | <input type="checkbox"/> Painting/Drawing |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Music |
| <input type="checkbox"/> Crafts | <input type="checkbox"/> T. V. |
| <input type="checkbox"/> Concerts | |

If others, please specify:

Language proficiency of the family members

Name	Languages known	Satisfactory	Good	Excellent
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name	Languages known	Satisfactory	Good	Excellent
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Home environment

You may attach a separate sheet of paper with the answer to these questions if you wish.

Describe your neighborhood and home in as much detail as possible, including any recreational facilities available. Indicate whether the student would have easy access to musical instruments, computers, sports facilities, etc.

What type of chores do you expect family members to help with around the house?

Do you have non – negotiable rules in your household (such as curfew)?

Does your family have a dietary restriction?
If so, please give details.

Do you feel that you can welcome an exchange student as a member of your family and not as a guest in your home?

Yes No

Does anyone in your family have allergies? _____

Would you be willing to accept a student with allergies? _____

Please provide three references (non – relative):

1. Name _____

Address _____

City _____ Pin Code _____ State _____

Telephone (residence)(____) _____ Fax: (____) _____

Work/Business (____) _____ Mobile (____) _____

Email address _____

2. Name _____

Address _____

City _____ Pin Code _____ State _____

Telephone (residence)(____) _____ Fax: (____) _____

Work/Business (____) _____ Mobile (____) _____

Email address _____

3. Name _____

Address _____

City _____ Pin Code _____ State _____

Telephone (residence)(____) _____ Fax: (____) _____

Work/Business (____) _____ Mobile (____) _____

Email address _____

Do you know of any other families that may wish to host students? If yes, please list their contact information below:

If selected as a host family, do you agree to treat the student as your own son or daughter and to provide appropriate parental supervision? Yes No

Please sign below:

Host Father Signature: _____ Date: _____

Host Mother Signature: _____ Date: _____