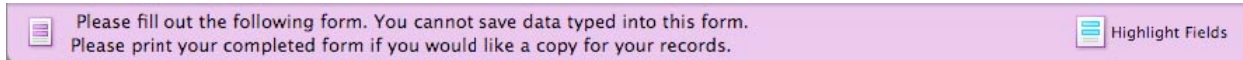




HOW TO FILL OUT THE HOST FAMILY APPLICATION ONLINE:

Click the *Highlight Fields* button in the upper right corner of the purple stripe



Type your information in each of the highlighted fields. Fields showing a red border are required to be completed before submitting the application. You can correct any entry by clicking in the field and correcting as usual.

Host Family Application Pages 1-4:

PAGE 1: Fill out all highlighted fields. Fields with a red border are required fields.

If you have a family photo taken with a digital camera you can attach the picture to the email when the Host Family Application is submitted by clicking the submit button.

PAGES 2 – 4: Fill out all highlighted fields.

When you have completed the application and reviewed it carefully click on the PRINT button to print a copy for yourself, then click once on the SUBMIT APPLICATION button to email the information to World Experience. When the email form appears you may write a brief message and you may attach family photos.

Host Family Application Page 5:

Fill out the information required for the criminal background check. Please read the Host Family Agreement, get all required signatures on this form, print it, and fax or mail the completed form to World Experience.

After the background check is completed this form will be placed in a special file to protect your personal information.



WORLD EXPERIENCE TEENAGE STUDENT EXCHANGE

HOST FAMILY APPLICATION

RETURN THIS APPLICATION TO:
 2440 South Hacienda Blvd., Suite 116
 Hacienda Heights, CA 91745
 800/633-6653 or 626/330-5719
 info@worldexperience.org

FAMILY PHOTO

HOST FAMILY PREFERENCES

DATE OF APPLICATION 	PROGRAM YEAR 	PROGRAM PREFERENCE: <input type="checkbox"/> Semester <input type="checkbox"/> Academic Year <input type="checkbox"/> Short Term <input type="checkbox"/> Temporary Arrival
PREFERRED NATIONALITY OF STUDENT, IF ANY: 1st Choice _____ 2nd Choice _____ 3rd Choice _____		STUDENT PREFERENCE: Male <input type="checkbox"/> Female <input type="checkbox"/> Either <input type="checkbox"/> Age <input type="text"/>
Do you permit smoking in your home? Your comments: _____		

FAMILY INFORMATION

List the 3 activities your family is most interested in:
Do you have any indoor/outdoor pets? Please describe:
Briefly describe the personality traits of each person in your home:

FAMILY ADDRESS

Street Address/Route, Box Number	Apartment Number
Mail Address	
City	State/Province
Postal Zone/Zip Code	Country

PARENT # 1

Last Name		First Name	
Age	Sex	Area Code/Phone Numbers	
		Home	
Country Of Birth		Business	
		Cell	
E-Mail Address			
Occupation			

PARENT # 2

Last Name		First Name	
Age	Sex	Area Code/Phone Numbers	
		Home	
Country Of Birth		Business	
		Cell	
E-Mail Address			
Occupation			

BRIEFLY DESCRIBE A TYPICAL DAY IN YOUR FAMILY:

LIST ALL MEMBERS OF THE HOUSEHOLD

(PLEASE INCLUDE THOSE WHO ARE THERE PERIODICALLY)

NAME	RELATIONSHIP	AGE	CURRENT GRADE LEVEL	FORMER EXCHANGE STUDENT	OTHER INFORMATION

LANGUAGE SKILLS

If there are members of your family who speak languages other than your native one please indicate below. Under the proper category indicate skill using (P) for poor, (F) for fair, (G) for good, and (E) for excellent.

INDIVIDUAL NAME	LANGUAGE	READING ABILITY				WRITING ABILITY				SPEAKING ABILITY				ABILITY TO UNDERSTAND				YEARS OF STUDY	WHERE LANGUAGE WAS STUDIED			
		P	F	G	E	P	F	G	E	P	F	G	E	P	F	G	E					

COMMUNITY

Please describe your home and community:	How would you describe the area surrounding your home? Rural <input type="checkbox"/> Semi-Rural <input type="checkbox"/> Suburban <input type="checkbox"/> Residential <input type="checkbox"/> Residential & Commercial <input type="checkbox"/>
	What are the predominant groups in your community, e.g. German, Polish, etc.:
	What religious groups have congregations in your immediate area?
	Do you know of a good web site that describes your community?
	Population of the community where you live:

PERSONAL REFERENCES

(PLEASE LIST 2 DIFFERENT PEOPLE, OTHER THAN RELATIVES, WHO KNOW YOUR FAMILY)

Name	Relationship to you	Name	Relationship to you
Street Address/Route & Box Number	Apartment Number	Street Address/Route & Box Number	Apartment Number
City	County/District	City	County/District
State/Province	Country	State/Province	Country
Area Phone	Postal Code/Zip Code	Area Phone	Postal Code/Zip Code

SCHOOL TO BE ATTENDED BY STUDENT

School Name	Principal	Foreign Student Advisor (If any)
Street Address/Route & Box Number	Date school begins:	Date school ends:
City	Country/District	Types of course available: ACADEMIC <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> VOCATIONAL <input type="checkbox"/> OTHER <input type="checkbox"/>
State/Province	Country	
Area Phone	Postal Code/Zip Code	Enter school population:
Is this an accredited school? <input type="radio"/> Yes <input type="radio"/> No	Enter school web site:	

FAMILY ACTIVITIES

Does your family actively participate in sports? Please specify which sports:

In what organizations (social, community, school or church-related) is your family active? How often do they participate?

What other leisure activities do you pursue as a family?

Describe all travel by your family, individual and group, during the past 5 years:

Within your country:

Outside your country:

YOUTH ACTIVITIES

Are your teenagers involved in sports, music or other artistic activities? Please describe:

What are the leisure time activities of your teenagers?

What kinds of cultural, educational, and travel experiences might your community offer teenagers?

Describe any other activities in your community that might be of interest to a teenager.

RULES

Discuss how you handle discipline in your family, particularly with regard to teenagers:

Discuss what your family policies are regarding social activities of teenagers, for example: dating, use of the family computer, curfew, etc.?

Discuss how household responsibilities are shared in your home, particularly with regard to teenagers:

What household responsibilities will you expect your student to perform?

OTHER INFORMATION

What is there about your home life and family that you think would make your home a good place for a teenager from another land and culture to learn about your country?

What kind of personality traits would fit best in your family?

What benefits might you expect to gain by sharing the privacy of your home and family with an exchange student from another land and culture?

Have you been a host family before? What year(s)? Which organization?

If you have reviewed student applications, please list the names of three students in order of your preference.

**CAN YOU SUGGEST OTHER POSSIBLE
HOST FAMILIES IN YOUR AREA OR ELSEWHERE?**

Family Name		Relationship	
First Name(s)			
Address/Route & Box Number			Apt. Number
City	State/Province	Postal Code	
Area	Phone	e-mail address	

PLEASE RETURN TO:



WORLD EXPERIENCE
 2440 South Hacienda Blvd., Suite 116
 Hacienda Heights, CA 91745
 800/633-6653 or 626/330-5719
 FAX 626/333-4914
 info@worldexperience.org



HOST FAMILY AGREEMENT

Please sign and return to World Experience (WE). You may fax to 626/333-4914, e-mail to info@worldexperience.org or mail to 2440 S. Hacienda Blvd, Suite 116, Hacienda Heights, California 91745. If you have any questions, contact your local coordinator or the World Experience office at 1-800/633-6653.

Our family agrees to host a World Experience exchange student. As a host family, we can expect to:

- Be interviewed by a WE local coordinator before the arrival of our student.
- Have World Experience conduct a criminal background check on each member of our family (18 and over).
- Receive written materials from WE to help prepare us for this experience.
- Be invited to a host family orientation either before or soon after our student arrives.
- Be assigned a local coordinator who will maintain a minimum of monthly contact with our family and our exchange student.
- This person will be available to help us with any adjustment issues that might arise.
- Have access to WE staff during and after business hours through a toll – free emergency number.

As a WE host family, we agree to:

- Be familiar with the WE Code of Conduct and help our student abide by these program rules.
- Treat the student like a member of our family.
- Provide the student with meals and a bed of his or her own.
- Make arrangements for the student's daily transportation to and from school.
- Ensure that the student attends WE orientations. We understand these activities are mandatory and there is NO acceptable reason for missing one.
- Ensure that the student attends school, completes homework, and follows school rules.
- Allow the school to make decisions regarding grade placement, diplomas, and athletic eligibility. We will not ask the school to alter their policies for our student.
- Contact our local coordinator or WE staff person immediately if our student becomes seriously ill or injured, is arrested, violates the WE Code of Conduct, or participates in other potentially harmful activities.
- Give our local coordinator our contact information should we travel away from home for more than 24 hours.
- Notify our local coordinator if our student's natural family proposes to visit during the exchange experience.

As a WE host family we understand that:

- We are not the legal guardians of our exchange student.
- The local coordinator has the authority to move the student from our home to a new family if it is believed to be in the student's or our best interests.
- Our student is covered by medical insurance. Any costs not covered by this insurance are the responsibility of the student's natural family.

By signing this agreement, I agree to the provisions stated above and to the completion of a criminal background check. I understand that I must submit my full name, date of birth, and Social Security Number for the background check. This page may be copied if there are more than three adults in the family.

PLEASE PRINT CLEARLY

Adult #1:

First Name	Middle Name	Last Name
Date of Birth	Social Security Number	
Adult # 1 Signature	Date	

Adult #2:

First Name	Middle Name	Last Name
Date of Birth	Social Security Number	
Adult #2 Signature	Date	

Adult #3:

First Name	Middle Name	Last Name
Date of Birth	Social Security Number	
Adult # 3 Signature	Date	