



Community Rep \_\_\_\_\_

Airport City/Code \_\_\_\_\_

# HOST FAMILY APPLICATION

## Academic Foundation *for* International Cultural Exchange

(PLEASE TYPE OR PRINT LEGIBLY IN BLUE OR BLACK INK ONLY)

Father's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last Name First Name Middle Name M D Yr

Mother's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Last Name First Name Middle Name M D Yr

Physical Address _____ City _____ ST _____ Zip _____	Mailing Address _____ City _____ ST _____ Zip _____
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Home Phone: \_\_\_\_\_

e-Mail: \_\_\_\_\_

Emergency Tel: \_\_\_\_\_

Home Fax: \_\_\_\_\_

Parents are:  Married  Divorced  Separated  Widowed  Single  Other

Father's Occupation (Title) \_\_\_\_\_ Work Tel: \_\_\_\_\_

Mother's Occupation (Title) \_\_\_\_\_ Work Tel: \_\_\_\_\_

Children in the Family (also indicate those not living at home)

Name	Age	Sex	At Home ?
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

Are there any others living in your home other than yourself, your spouse and children?

YES  NO

Please List: \_\_\_\_\_

What animals do you have in your home or on your property? \_\_\_\_\_

Does any family member have a serious or chronic illness, disability, nervous or mental disorder, or has there been major surgery for a condition which might recur? If so, please explain. \_\_\_\_\_

**Local High School Exchange Student Will Attend:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Principal: \_\_\_\_\_

School Start Date: \_\_\_\_\_ End: \_\_\_\_\_

Distance school is from home \_\_\_\_\_

How will student get to school? \_\_\_\_\_

Smoker: **Father:**  Yes  No  
**Mother:**  Yes  No  
**Children:**  Yes  No

Has anyone in your family ever been involved with drugs? If so, Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Religious affiliation: Please check the appropriate spaces.

Catholic  Jewish  Protestant  None  Other, please specify

Our Family attends:  Regularly  Occasionally  Rarely

Is it important that your student accompany you?  Very Important  Somewhat Important but not crucial  No

We Live:  on a ranch  in a rural area  in a small city (50,000-250,000)  
 on a farm  in a town (5,000 – 50,000)  in or near a large city (over 250,000)

Please provide a brief description of the town or city you live in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who will be the main companion(s) of your student? \_\_\_\_\_ Does this person work? \_\_\_\_\_

Who will be spending time with your student during the working hours? \_\_\_\_\_

Will your student have opportunities to meet teenagers?  Yes  No

How? \_\_\_\_\_

Will the student have his/her own room?  Yes  No (*Sharing a room is fine, but the student must have his/her own bed.*)

If no, who will the student share a room with? \_\_\_\_\_

Please briefly describe your home, including a description of the student's room \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What household duties would you expect of your student? \_\_\_\_\_  
\_\_\_\_\_

**Closest relative or friend not living with you:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

**Family Interests and Activities: Please describe below all of your home/family activities and interests:**

Do you feel you and your family can welcome your student as a family member and not a guest? \_\_\_\_\_

Do you feel you and your family can uphold all the rules of AFICE and insure that your student does so? \_\_\_\_\_

Please tell us your feelings about welcoming a student who holds other religious beliefs or one who, while of the same faith, practices different religious customs, or one who has no religious ties. \_\_\_\_\_

Can anyone in the family converse in another language?  Yes  No

If yes, which language and how well? \_\_\_\_\_

A few students may have dietary restrictions for health and religious reasons. Could your family host such a student?

Yes  No

Please list any special comments you would like to share with a student before being placed in your home \_\_\_\_\_

Why does your family want to host a student and what do you expect to take away from the experience? \_\_\_\_\_

What is your student preference?  Male  Female  Either

If we are unable to fulfill your preference, would you still be willing to host a student?  Yes  No

Would your family consider hosting two students?  Yes  No

Would your family also consider hosting a student in transition as a Welcome Family?  Yes  No

**Do you know of anyone (friend, neighbor or relative) who may be interested in hosting?**  Yes  No

If yes, Please indicate their name(s) and phone number(s) below:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Previous participation in exchange programs

As a host family?  Yes  No Organization? \_\_\_\_\_ Year? \_\_\_\_\_

Student's Name \_\_\_\_\_ Country \_\_\_\_\_

### How did you hear about AFICE?

Newspaper: Article  Photo  Classified section  Radio  Television  Church   
Friend  School  Personal contact with an exchange student  Magazine  (Name of publication) \_\_\_\_\_

AFICE Representative (Name) \_\_\_\_\_  Other \_\_\_\_\_

### Family References:

Please supply the following required references who know your family very well. They could include friends, neighbors, employment supervisor, clergy, a teacher, or other professionals. Relatives are **NOT** accepted as references.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_



## HOST FAMILY AGREEMENT

We the undersigned hereby apply to Academic Foundation for International Cultural Exchange (AFICE) for selection as an AFICE Host Family for the purpose of hosting an international exchange student in our home. We acknowledge that our final selection as a Host Family is not guaranteed but is contingent upon (1) AFICE's decision as to our suitability to serve as a Host Family, and (2) the written acceptance of the exchange student by a local high school. We also understand that hosting an international exchange student in our home is done on a strictly voluntary basis and as such, we acknowledge that we have adequate financial resources to undertake this responsibility.

Before selecting us as a Host Family, AFICE will consult with us and obtain our approval with respect to the exchange student whom it proposes to place with us.

If selected as a Host Family, we agree to:

1. Participate in AFICE's orientation programs for Host Families and follow AFICE's instructions and guidelines regarding the care of exchange students.
2. Assist in the observance and enforcement of AFICE Rules and Regulations for Exchange Students.
3. Communicate promptly to AFICE information or change of circumstance concerning the exchange student or our family that may affect the well-being of the student or the success of the exchange experience;
4. Abide by AFICE's final decisions concerning (a) the family and school placement of exchange students, including the length of time they remain; (b) the application or enforcement of AFICE's Rules and Regulations for Exchange Students; and (c) the exchange student's arrival and departure time from the United States.
5. Abide by regulations requiring exchange students not to have a joint or shared bank account with a host family member, since such a bank account is for the student's personal use.
6. Observe requirements for exchange students to use pre-paid calling cards or collect calling for long distance phone calls; and
7. Otherwise cooperate with any other AFICE request or decision that in AFICE's opinion is necessary to ensure or enhance the well-being of the exchange student or the success of the exchange experience.
8. Abide by all AFICE rules and decisions, and we realize that failure to do so can cause a student to be removed from a family and returned to his/her home country.

We understand that we are obligating ourselves to care for a teenager. We understand the nature of this commitment, and will not suddenly change our minds about hosting before or after our student arrives. Should any difficulties or misunderstandings arise during the exchange, we will not simply abandon or threaten to abandon our student, and we will work with our AFICE Community Representative and other AFICE personnel as needed to resolve any difficulties. Should it become necessary for our student to move from our home, we understand that such a move will likely not be immediate as finding and qualifying a new host family is usually not a fast process.

Lastly, we hereby acknowledge that we have received and read the AFICE Program Description prior to agreeing to host an AFICE exchange student.

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Host Father Signature

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Host Mother Signature

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Date



## BACKGROUND CHECK AUTHORIZATION

I/We, \_\_\_\_\_ and \_\_\_\_\_,  
Host Father (Print First, Middle, Last Name) Host Mother (Print First, Middle, Last Name)

by completing and signing this form below, understand that the US Department of State requires that all families interested in hosting a high school exchange student undergo a background check. I/We hereby authorize AFICE and /or federal law enforcement officials/agencies to conduct a background check for the purpose of our becoming eligible to be a host family for an international high school student.

Host Father's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Host Mother's Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

First, Middle and Last Name(s) of Other Adult(s), 18 years and older, living in the home: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate (MM/DD/YY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Has anyone in the immediate family been convicted of a felony?  Yes  No

Signature of Host Father: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Host Mother: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature of Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



## DRIVING POLICY FOR AFICE EXCHANGE STUDENTS

Dear Host Family:

Please NOTICE: Our AFICE Exchange Students ARE NOT ALLOWED TO DRIVE A CAR OR MOTORCYCLE at any time during their stay in the United States.

The only exception to this rule is if the local high school allows the student to enroll and take the Theoretical and Practical Driver Education Program offered by the local high school for the sole purpose of obtaining an American driver's license. The student, the natural parents and/or legal guardians, and Host Family must sign the official **AFICE DRIVER EDUCATION AGREEMENT AND RELEASE FORM** and follow the conditions stated therein.

If a student drives any car or motorized vehicle under any other circumstances that stated in the **AFICE DRIVER EDUCATION AGREEMENT AND RELEASE FORM**, or should drive a car or motorized vehicle after having obtained a driver's license at any place, any time, and for any reason, the student will be returned to his/her home country.

To obtain this permission your student will bring the necessary documents to you. Once the documents are signed by all parties involved, the student may learn how to drive in your family car which is owned and INSURED BY YOU. The student may practice driving your family car provided he/she is accompanied by you, the Host Father or Host Mother. Your son, daughter, relative or friend of the family are not allowed to teach your student how to drive. **YOUR STUDENT CAN ONLY ENROLL IN THE SPRING SEMESTER FOR PRACTICAL DRIVING.**

Your student is to ask if your state law requires additional insurance for him/her to practice driving in your family car or if there are other expenses involved such as high school Driver Education Insurance or gasoline. If additional costs are involved, your student is to ask his/her natural parents to deposit that amount in your bank account prior to your student being permitted to practice driving in your family car.

If you approve that your student may participate in the high school's Practical Driver Education Program, AFICE requests that you sign and mail the documents your student will bring with him/her, to the AFICE National Office. No student is allowed to take the Driver Education Program until these forms have reached the AFICE National Office.

Once your student has received the driver's license, your student is to give the driver's license to you, his/her Host Parents, for safe keeping until your student returns to his/her native country.

**ANY AFICE STUDENT WHO DRIVES AN AUTOMOBILE OR ANY OTHER MOTORIZED VEHICLE AFTER HAVING OBTAINED A DRIVER'S LICENSE, WILL BE RETURNED TO HIS/HER NATIVE COUNTRY.**

I understand that our exchange student must wear a seat belt at all times when he/she is in an automobile, **whether he/she is in the FRONT or the BACK seat.** I understand that this is for his/her own safety and I agree to comply with this rule at all times.

Please sign to indicate that you understand and accept the above AFICE driving policy, and that you understand that the final decision as to whether your student can participate in the Practical Driver's Education Program of your high school or not is entirely up to your discretion. Please return this form to the AFICE National Office.

Signed by

\_\_\_\_\_  
Host Parent

\_\_\_\_\_  
Host Parent

\_\_\_\_\_  
City and State

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year



Dear Host Family,

Thank you for your interest in serving as an AFICE Host Family.

We are confident that, if selected, you will find the experience as rewarding and enriching as thousands of other American families across the country have in decades past. We are confident that the student you welcome into your family will long remember this period as one of the most significant educational and cultural experiences of his or her life. For your interest in helping make this experience a reality, we thank you.

We are enclosing with this letter a Host Family Application and Agreement outlining your relationship with AFICE. We ask you to complete, sign and return this 6-page form to your AFICE Representative. Once you do so, we will begin the three steps in the student placement process: exchange student selection; host family selection and student matching; and school acceptance of the student's enrollment. In order for AFICE to be able to place an exchange student with you, all three elements must take place. We will advise you when all steps in your placement process are completed.

Once the placement is complete, AFICE will provide you with an orientation and related materials to help you anticipate and better understand the exchange visitor experience. Most of our host families find that there are few issues which arise that cannot be resolved through the application of caring, common sense and communication. However, because the student visitor does come from another culture, we find the orientation process to be helpful in assisting host families to spot and manage cross-cultural differences. In addition, the AFICE staff is always at your disposal to help ensure that your host family experience is rewarding and enjoyable.

Once again, thank you for your interest in serving as an AFICE Host Family.