	Community Rep
atica)	Airport City/Code
	HOST FAMILY APPLICATION
Academic Foundation	for International Cultural Exchange
(ELECTRONICALLY FILLABLE. PRINT OUT AND S	IGN WHEN COMPLETE.)
Parent 1 NameFirst NameFirst Name	Birth Date ame Middle Name MM DD YY
Personal Email:	
	Occupation (Title)
	Work Email:
Parent 2 Name	ame Middle Name MM DD YY
Parent 2 Name Last Name First Na	
Personal Email:	
	Occupation (Title)
Physical Address	Work Email: Mailing Address
CitySTZip	
Home Phone:	e-Mail:
Emergency Tel:	Home Fax:
Parents are: Married Divorced S	Separated D Widowed D Single D Other
Children in the Family (also indicate those not living a Name Date of Bird	,
	- · · - ·
······	
······	<u> </u>
Are there any others living in your home other than yo	ourself, your spouse and children? YES NO
If YES, please list, including full names and ages of a	all such persons:
Local High School Exchange Student Will A	ttend: Principal:
Name	
	Distance school is from home
	··· ··· · · · · · ·
	Fax:

HOST FAMILY APPLICATION, Pg. 2

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

Á Á

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? \Box Yes \Box No If so, please explain:

Smoker: Father: 🗆 Yes 🗆 No Mother: 🗆 Yes 🗆 No Children: 🗆 Yes 🗆 No
We Live: □ in a rural area □ in a town (5K – 50K) □ in a small city (50K - 250K) □ in or near a large city (over 250K)
Is your home the site of a functioning business (e.g., daycare or farm)? \Box Yes \Box No If YES, please explain: Á
Please provide a brief description of the town or city you live in: Á Á
Population of community: City or town website: Nearest Major City (incl. distance and population): What points of interest are near your area (parks, museums, historical sites, attractions, etc.)?
Nearest airport (incl. distance and airport code): List areas near your neighborhood that should be avoided (or put "None" if none exist):
Please briefly describe your home:
Describe primary rooms (kitchen, living, family) and bedrooms: Á Á Number of bathrooms in home:
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? Describe the exchange student's room: Á Á Describe any amenities the student may have access to:Á Á
The will be the main companion(s) of your student?
Who will be spending time with your student during the working hours?
What are your expectations regarding the responsibilities and behavior of the student (such as homework, hosehold chores, curfew (both school night and weekend), access to refrigerator and food, computer/internet/email/phone, etc.)? Á Á
Religious affiliation: Please check the appropriate spaces. Catholic Jewish Protestant None Other, please specify Our Family attends: Regularly Occasionally Rarely Would any member of the household have difficulty hosting a student whose religious beliefs were different from their own? Yes No

Please note: A host family may want their exchange student to attend one ore more religious services with the family. However, the exchange student cannot be required to do so though they may decide to experience this facet of US culture at their own discretion.

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Do you feel you and your family can welcome your student as a f	amily member and not a guest? Yes No
Do you feel you and your family can uphold all the rules of AFICE	and insure that your student does so? \Box Yes \Box 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 ex Á Á	spect to take away from the experience?
What is your student preference?	□ Either g to host a student? □ Yes □ No
Would your family consider hosting two students?	No
Would your family also consider hosting a student in transition as	a Welcome Family? Yes No
Closest relative or friend not living with you:	
Name	
Address	
Telephone Rel	ationship
Family References:	
Please supply the following required references who know your fa ployment supervisor, clergy, a teacher, or other professionals. Re	elatives are NOT accepted as references.
1. Name	
Relationship 2. Name	
Relationship	
3. Name	
Relationship	
4. Name	Phone
Relationship	
Do you know of anyone (friend, neighbor or relative) who ma 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?	Year?
Student's Name	Country
How did you hear about AFICE? Newspaper: Article Photo Classified section School AFICE F Personal contact with an exchange student Other	□Radio □Television □Church □Friend Representative (Name) □Magazine (Name of publication)

HOST FAMILY APPLICATION, PAGE 4

Department of State required information, part I

Beginning with the 2011-12 Academic Year Cycle, the United States Department of State requires all exchange programs to obtain certain information in addition to the questions you have already answered. This information must be collected by AFICE in order for us to qualify you as a Host Family.

Financial resources

- a) Combined Average Annual Income Range (The income data collected will be used sole for the purposes of ensuring that the basic needs of the exchange students can be met, including three quality meals and transportation to and from school activities.):
- □ Less than \$25,000; □ \$25,000 to \$50,000; □ \$50,000 to \$75,000; □ \$75,000 and above.
 b) Does anyone in the home receive any kind of public assistance (government subsidies for food or housing based on financial need)? □YES □NO If YES, please explain: ______
- c) What personal expenses do you expect to be covered by the student? Examples include clothing, personal electronic items, hot school lunches (only applicable if the host family offers a sack lunch from home and the student prefers to eat school-prepared food host family may not require student to only eat school lunch at the student's expense), outside entertainment (movies, amusement parks, etc.). Please list:

Diet

- a) Does anyone in the home follow any dietary restrictions? <u>UYES</u> <u>NO</u> If YES, please explain:
- b) Do you expect the exchange student to follow any dietary restrictions? □YES □NO If YES, please explain:
- c) Would you feel comfortable hosting a student who follows a particular dietary restriction? TYES NO
- d) Will you provide three square meals, daily, to the exchange student?
 _YES _NO

School

a) Would you provide special transportation for extracurricular activities after school or in the evenings, if required?

If applicable, please list which of your family's children attend the school in which the exchange student will be attending:

- c) If applicable, please list sports, clubs, or activities, if any, your child(ren) participate(s) in at the school:
- d) Does any member of your household work for the high school in a coaching, teaching, or administrative capacity?
 □YES □NO
- e) Has any member of your household had contact with a school coach regarding the hosting of an exchange student with particular athletic capability? □YES □NO If YES, please describe the contact and sport:

Other

a) Has any member of your household ever been convicted of any crime? TYES TNO If YES, please explain:

b) Please list the utilities (water, gas, electric, cable or sattelite TV) at your home:

c) What is the primary language spoken in your home? ____

HOST FAMILY APPLICATION, PAGE 5

Department of State required information, part II

Please provide the following information for each person living in the host home, regardless of age: Level of education, profession, interests (including activities and/or sports), community involvement, relevant behavioral or other characteristics that could affect (positively or negatively) the successful integration of the exchange student into your home. Naturally, some of these items will not apply to children, but please provide any information that may be applicable.

List each person's name and current age followed by the information requested above:

Household Member 1:	
Household Member 2:	
Household Member 3:	
Household Member 4:	
Household Member 5:	
Household Member 6:	
Household Member 7:	
L Household Member 8:	

7242 La Jolla Blvd La Jolla, California 92037 www.afice.org



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.

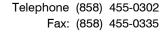
Lastly, we hereby acknowledge that we have received and read the AFICE Program Description prior to agreeing to host an AFICE exchange student.

Host Parent 1 Signature

Host Parent 2 Signature

Date

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BACKGROUND CHECK AUTHORIZATION

A non-profit tax exempt educational Foundation

Academic Foundation for International Cultural Exchange

I/We,	and,
Host Parent 1 (Print First, Middle, La	Ast Name) Host Parent 2 (Print First, Middle, Last Name)
hosting a high school exchange student un	understand that the US Department of State requires that all families interested in dergo a background check. I/We hereby authorize AFICE and /or federal law enforc round check for the purpose of our becoming eligible to be a host family for an interr
tional high school student.	
Parent 1 Social Security Number:	Birthdate (MM/DD/YY):
Driver's License Number:	State of Issuance:
Parent 2 Social Security Number:	Birthdate (MM/DD/YY):
Driver's License Number:	State of Issuance:
First, Middle and Last Name(s) of Other Add	ult(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 Parent 1:	Date:
Signature of Host Parent 2:	Date:
Signature of Other Adult 1:	Date:
Signature of Other Adult 2 ⁻	Date:

Please note: AFICE will retain this information only so long as necessary to acertain the potential Host Family's eligibility to host. Once eligibility has been established, AFICE will destroy this document and any other written or electronic record of the additional information obtained on this page.