



# Rotary Youth Exchange

## Host Family Application District 7080

Instructions: Please print this form, sign and date it and attach the photo and then return to the Youth Exchange Officer at your local Rotary club. If you have questions please contact Dean Ruddy, Chair of Youth Exchange in District 7080 via email at [druddy103@gmail.com](mailto:druddy103@gmail.com)

**Smile!**

Please attach a recent, good-quality colour photo of your family (head and shoulders), including pets.  
Size: 2 x 2 1/2 in. (5 x 6.5 cm)

Full Name of Father/Legal Guardian		Full Name of Mother/Legal Guardian	
Residence Address		City	Province
			Postal Code
Father's Telephone		Father's Cell Phone	Mother's Telephone
			Mother's Cell Phone
Father's Email Address		Mother's Email Address	
Father's Occupation		Mother's Occupation	
Business Phone		Business Phone	
Father's Age Group		Mother's Age Group	
<input type="checkbox"/> Over 25 <input type="checkbox"/> Over 35 <input type="checkbox"/> Over 45 <input type="checkbox"/> Over 55		<input type="checkbox"/> Over 25 <input type="checkbox"/> Over 35 <input type="checkbox"/> Over 45 <input type="checkbox"/> Over 55	
Father's Country of Birth		Mother's Country of Birth	
Check here if parents are divorced or separated			
List All Children:			
Name	Sex	Age	Lives at Home?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
List All other persons living in your home:			
Name		Relationship	
Please indicate foreign language background, if any, for family members:			

Name and Address of secondary school that is closest to your home:	
Do you have neighbours or friends with secondary school-aged children?	
Please list your hobbies and special interests:	
Please list the hobbies and special interests of your children	
Organizations and clubs to which family members belong	
Have family members lived or traveled abroad? If so, outline which member traveled abroad, the year and where they went	
Please indicate if you have pets in your home?	<input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Other(s):
Please indicate the following: My family can receive a:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> Either
Would prefer to host a student for 11 weeks in the:	<input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Will the student share a bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, with whom?
Do you have a valid police check (within the past 2 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>*please note all people residing in your home full-time who are over the age of 18 must have a valid police check</i>	
Indicate briefly your main reasons for wishing to participate in this type of program:	
Please describe other hosting experiences you have had:	

Please list three personal references (including their addresses and phone numbers):

Name		Relationship to you	
Address			
City, State/Prov		Postal Code	
Residence Telephone		Business Telephone	

Name		Relationship to you	
Address			
City, State/Prov		Postal Code	
Residence Telephone		Business Telephone	

Name		Relationship to you	
Address			
City, State/Prov		Postal Code	
Residence Telephone		Business Telephone	

How did you learn about Rotary and hosting exchange students?

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If you have any additional comments you would like to include please use the space provided below:

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Do you know of any other families in the area, that you know well, and feel comfortable recommending as a potential host family? If yes, please list their contact information, how you know them, and why you feel they would make a good host family:

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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:

Father's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's signature: \_\_\_\_\_ Date: \_\_\_\_\_