

# Labo International Exchange

## Host Family Information

JAPANESE EXCHANGE	
Name	_____
ID code	_____
Sex	_____ Age _____

Family Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province/State \_\_\_\_\_ Postal Code/Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

• please write clearly •

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

(If parents are not available)

### Others in Home (Place an "X" to the left of the youth who will be the main host)

"X"	Name	Sex	Birthdate (D/M/Y)	Age	Hobbies/Interests/Personality Traits

### Location of Home

- City (pop. \_\_\_\_\_)
- Town (pop. \_\_\_\_\_)
- Farm (# acres \_\_\_\_\_)  
crops: \_\_\_\_\_
- Rural nonfarm

### Type of Home

- Single family house
- Apartment
- Mobile Home
- Apartment
- Smoking Household
- Nonsmoking Household
- Smoking Forbidden

Outdoor Animals \_\_\_\_\_ Indoor Animals \_\_\_\_\_

Family Interests \_\_\_\_\_

Who will assume responsibility of both parents are away? \_\_\_\_\_

Please explain any special health considerations in family \_\_\_\_\_

Will your exchangee be expected to attend religious services?  Yes  No  Optional Religion \_\_\_\_\_

Languages Spoken \_\_\_\_\_

**Please attach family photo**

**PREFERENCES FOR EXCHANGEES** (Please check the types of exchangees your family would be able to host)

\_\_\_\_\_ Japanese Youth (ages 12-18) from mid-July to mid-August. Age Preference \_\_\_\_\_

\_\_\_\_\_ Japanese Adult leader for approximately two weeks in July or August.

\_\_\_\_\_ Prefer:  Male  Female  Either is acceptable

If our first choice is not available, we will accept someone who is a different sex:  Yes  No

If our first choice is not available, we will accept someone who is a different age:  Yes  No

**WE UNDERSTAND:**

\_\_\_\_\_ If selected as a host family, your family will be expected to treat the exchangee as a family member. Exchangees will be included in all family activities.

\_\_\_\_\_ No special arrangements for entertaining or traveling with this delegate are expected. The program emphasizes the normal family life experience that can be gained from a host family stay.

\_\_\_\_\_ An orientation session will be held and orientation materials will be sent to you. You are expected to read the information and familiarize yourself with this material in preparation for this exchange.

\_\_\_\_\_ All applicants will receive notification of selection as soon as possible by the exchange coordinator. Selection is based on application and ability to closely match child in your family with a child from Japan.

\_\_\_\_\_ Family must be flexible, patient and able to communicate both verbally and non-verbally while hosting a person from another country.

\_\_\_\_\_ Child matched to host Japanese child must keep this exchange uppermost in mind during the month of hosting. Host should make sure that Japanese exchangee feels comfortable around friends and is included in activities.

\_\_\_\_\_ Family will contact the exchange coordinator immediately if illness or problem/concern is evident.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Host Brother or Sister Signature \_\_\_\_\_

*Coordinator*

Coordinator Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province/State \_\_\_\_\_ Postal Code/Zip Code \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Comments (optional) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coordinator Signature \_\_\_\_\_