

Host Family Application

Please attach a page with recent family photo(s) with members identified.

Please print neatly or type

HOST FAMILY INFORMATION		(FOR OFFICE ONLY)	
FAMILY NAME		ORGANIZATION LABO	
STREET ADDRESS		DELEGATE NAME	
CITY	HOME PHONE	ID CODE	
STATE / PROVINCE	ZIP / POSTAL CODE	GENDER	AGE
EMAIL		COORDINATOR	
FATHER'S NAME	OCCUPATION	BIRTHDATE (mm/dd/yy)	CELL PHONE
MOTHER'S NAME	OCCUPATION	BIRTHDATE (mm/dd/yy)	CELL PHONE

EMERGENCY CONTACT Name: _____ Phone Number: _____

OTHERS IN HOME (If applying for Month-long program, please put an "X" to the left of the primary host sibling.)

"X"	NAME	GENDER	BIRTHDATE (mm/dd/yy)	AGE (as of 7/31)	HOBBIES, INTERESTS, PERSONALITY

Location of Home:

- City
- Small Town
- Suburb
- Rural Non-Farm
- Farm

Smoking situation:

- Smoking household (inside)
- Smoking household (outside only)
- Non-smoking household
- Smoking forbidden in our household

Type of home:

- Single family house
- Mobile home
- Apartment
- Other(describe): _____

Outdoor Animals: _____ **Indoor Animals:** _____

Are any languages other than English actively spoken in household? _____

Who will assume responsibility if both parents are away from home? _____

If there are any special health or dietary considerations in the family, please explain: _____

Will your delegate be expected to religious services with you? Yes No Optional Religion (optional): _____

Family Hobbies / Interests: _____

Additional comments: _____

Has your family hosted an exchangee before? Yes No If "yes," name of program(s): _____

What year(s): _____ Country(s): _____ Length(s) of stay(s): _____

Please attach a family photo, or email one to your coordinator

Preferences for Delegate (please check the type of delegate your family is 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, will accept someone of a **different sex:** Yes No of a **different age:** Yes No

We Understand/Agree that:

___ Your family will be expected to treat the exchange as a family member. Delegates will be included in all family activities.

___ No special arrangements for entertaining or traveling with this delegate are expected. The program emphasizes normal family life experiences that can be gained from a homestay.

___ 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.

___ A homevisit and background check must be completed before a placement can be finalized.

___ 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 a child in your family with a child from Japan.

___ The family must be willing to be flexible, patient, and able to communicate (both verbally and non-verbally) while hosting the delegate.

___ The child matched as the primary host of the Japanese child must keep this exchange uppermost in mind during the month of hosting. The host should make sure that the Japanese delegate feels comfortable around friends and is included in activities.

___ The family will contact the exchange coordinator immediately if an illness or problem/concern is evident. The host family will also allow the delegate access to their phone if the delegate wishes to contact their chaperone.

___ If a problem/concern arises, the family will be open to advice and mediation from their local coordinator and the adult Japanese chaperones. The Japanese delegate will not be moved out of the host family's house until both sides have made a good-faith effort to resolve the problem, except in cases where safety is an issue.

___ The parent(s) signing below, in order to participate as a host family in the exchange, agrees to assume all risks, including injury, incidental to the exchange; and to release, indemnify and hold harmless Labo and its agents from all exchange-related claims except those caused solely by Labo and its agents' intentional misconduct.

___ The Japanese delegates have their own health insurance, but host families are expected to have homeowners insurance that will cover any loss the delegate incurs due to fire, flood, etc.

Parent signature(s) _____ Date _____

Primary host sibling signature _____ Date _____

Coordinator

Coordinator Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone (_____) _____ Email _____

Comments (optional) _____

Coordinator's signature _____ Date _____