

# Bosnia and Herzegovina Youth Leadership Program!

2010 Host Family Application

PRINT NEATLY OR TYPE

## HOST FAMILY INFORMATION

FAMILY NAME		STREET ADDRESS		
CITY		STATE	ZIP	
HOME PHONE		E-MAIL		
PARENT 1	OCCUPATION	CELL PHONE	AGE	SOCIAL SECURITY #
PARENT 2	OCCUPATION	CELL PHONE	AGE	SOCIAL SECURITY #

## OTHERS IN HOME

NAME	GENDER	BIRTH DATE	GRADE	AGE	HOBBIES/INTERESTS/PERSONALITY TRAITS

1. Why does your family wish to host a student from Bosnia and Herzegovina? What aspects of American life does your family hope to share with the student?

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2. Family interests and activities \_\_\_\_\_

3. Check boxes that apply.  Smoking household     Non-smoking household     Single family house  
 Mobile home     Apartment     Town house  
 Other (describe) \_\_\_\_\_

4. Would you be willing to host more than one student?     Yes     No

5. Would you be interested in hosting a teacher from Bosnia and Herzegovina?     Yes     No

6. Are animals allowed in the house?     Yes     No    If "yes," what areas of the house? \_\_\_\_\_

7. If both parents work outside the home, who will assume responsibility when both parents are away?

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8. Please explain ALL family health concerns (physical, emotional, mental).

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9. Foreign languages spoken \_\_\_\_\_

10. Has your family hosted an exchange student before?     Yes     No

If "yes," name of program(s) \_\_\_\_\_

List year(s)/country(s)/length(s) of stay(s) \_\_\_\_\_

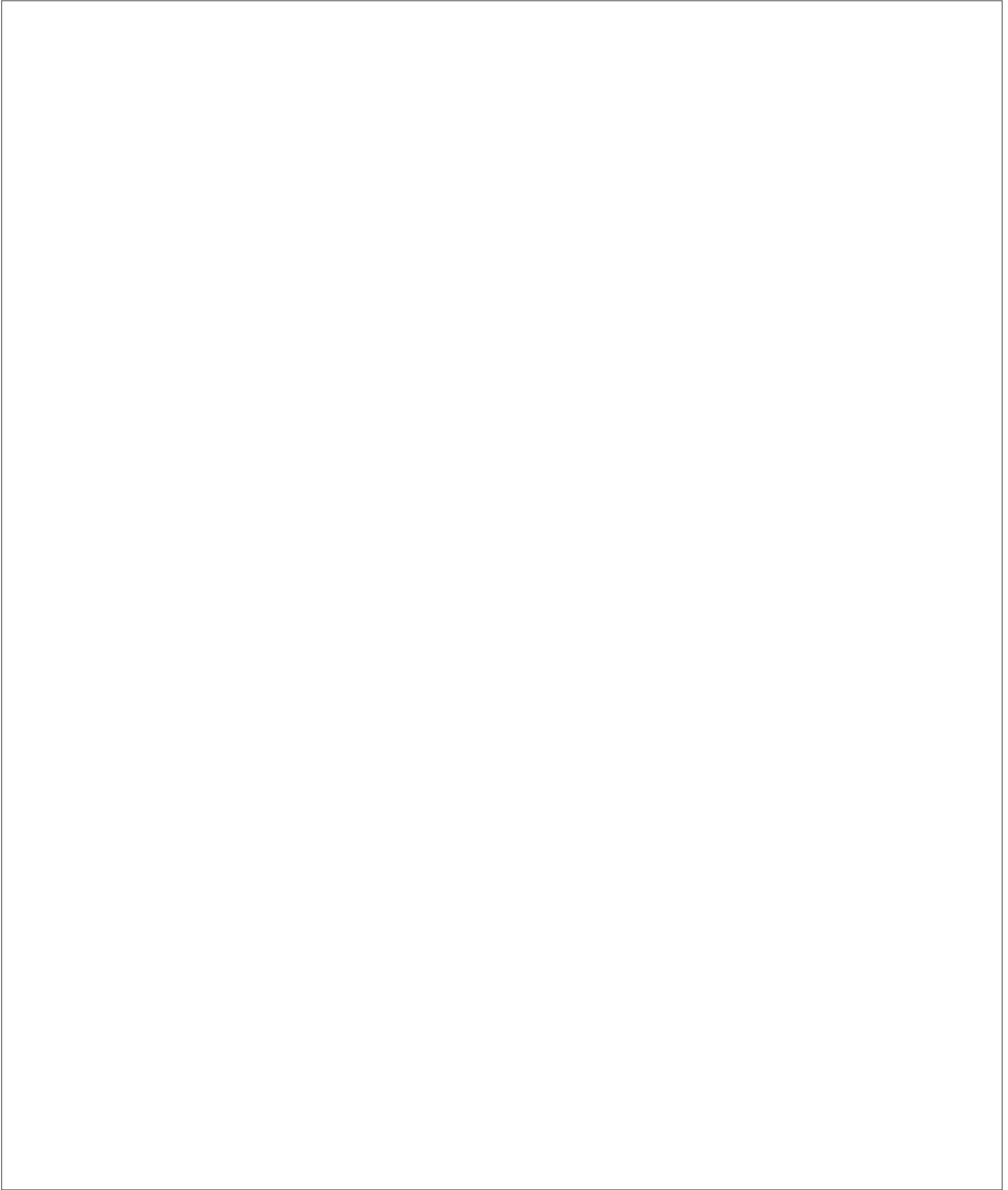
11. Would you be able to accommodate special diets (vegetarian, no dairy, etc.)?     Yes     No

12. Is your family vegetarian, vegan or are there any other dietary restrictions?     Yes     No

If "yes," can you accommodate a student who does not share these same dietary habits?     Yes     No

If "no," explain \_\_\_\_\_

13. REQUIRED! Attach recent family photo(s) with members identified. Please use tape, not staples.



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14. Are there any special family circumstances that we should know about before placing a foreign visitor in your home?  Yes  No

If "yes," explain \_\_\_\_\_

15. Below, briefly describe the daily (school-year) schedule for your family, including travel.

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### WE UNDERSTAND/CONFIRM

Parent(s) MUST initial each item. Thank you.

- \_\_\_\_\_ Our family will receive notification of selection as soon as possible by IDEA staff. Selection is based on references, application, and ability to closely match participants and families.
- \_\_\_\_\_ Every member of our household is prepared and eager to share in the rewards as well as the potential challenges of hosting a foreign student, and have read the "Hosting a Student" guide ([www.idebate.org/bihexchange/](http://www.idebate.org/bihexchange/)).
- \_\_\_\_\_ If selected as a host family, we will be expected to treat the exchange student as a family member. The student will be included in all family activities. Lodging, all meals, and family activities will be provided by us.
- \_\_\_\_\_ No special arrangements for entertaining or traveling with the exchange student are expected. The program emphasizes the normal family life experience that can be gained from a host family stay.
- \_\_\_\_\_ Our family must be flexible, patient and able to communicate both verbally and non-verbally while hosting.
- \_\_\_\_\_ Orientation sessions will be held and orientation materials will be sent to us. We are expected to read the information and familiarize ourselves with this material in preparation for this program.
- \_\_\_\_\_ We will contact the IDEA coordinator immediately if illness or a problem/concern is evident.
- \_\_\_\_\_ No member of our family has ever been convicted of child abuse or any other felony criminal offense.
- \_\_\_\_\_ No member of our family has ever abused drugs or alcohol. (This will not necessarily preclude your family from hosting. If this situation applies, please include a separate note of explanation.)
- \_\_\_\_\_ I give permission to IDEA and Willamette University to use photographs, and voice and video images of activities in which the exchangee and host family participates, in public awareness programs.
- \_\_\_\_\_ I give permission to IDEA and Willamette University to conduct a background screening.

### REFERENCES

List complete information for three individuals (not family members or relatives) who can be contacted.

NAME		HOME PHONE	WORK PHONE	
STREET ADDRESS		CITY	STATE	ZIP

NAME		HOME PHONE	WORK PHONE	
STREET ADDRESS		CITY	STATE	ZIP

NAME		HOME PHONE	WORK PHONE	
STREET ADDRESS		CITY	STATE	ZIP

Parent Signature (Required) \_\_\_\_\_ Date: \_\_\_\_\_

IDEA staff signature (Required) \_\_\_\_\_ Date: \_\_\_\_\_

Once this form is complete, fax it to 503-370-6171, scan it and email it to [cjeffers@willamette.edu](mailto:cjeffers@willamette.edu), or mail it to:

Willamette University  
 Attn: Crystal Jeffers, International Debate Education Association  
 900 State Street  
 Salem Oregon 97301