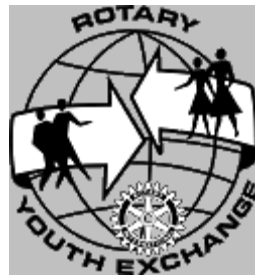


ROTARY YOUTH EXCHANGE

DISTRICT 5190

HOST FAMILY APPLICATION



(Revised 7/26/09)

Return the completed application to:

**Rotary Youth Exchange
P.O. 3510
Sparks, NV 89432**



ROTARY YOUTH EXCHANGE - DISTRICT 5190 - CALIFORNIA / NEVADA
HOST FAMILY APPLICATION

Please type or print in ink

Please type or print in ink

First Adult - Full Name
Age Group [] Over 25 [] Over 35 [] Over 45 [] Over 55

Country of Birth
Religious Affiliation

Second Adult - Full Name
Age Group [] Over 25 [] Over 35 [] Over 45 [] Over 55

Country of Birth
Religious Affiliation

Street Address (Mailing Address if Different) City State ZIP

Home Phone Cell Phone Email

Table with 4 columns: Name, Sex, Age, Living at home? (Yes/No). Includes 'List all children:' header.

List full name of all other persons living in your home Relationship Aged 18 or over? [] []

Please list foreign language background, if any for family members and residents:

Name and address of the school which student will attend:

Do you have neighbors or friends with secondary school-aged children?

Please list the hobbies and special interests of the adults:

Please list the hobbies and special interests of the children:

Organizations and clubs to which your family belongs:

Have family members lived or traveled abroad? If so, which member(s) traveled abroad, the year, and where they went: _____

Please indicate if you have pets in you home: Cats Dogs Others _____

Please indicate if you are applying to host a student for: Short term (less than 3 months) Long term (3 or more months)

Please indicate the following: My family can receive a: Boy Girl Either

Would you prefer to host in the: Fall Winter Spring Summer

Please indicate your feelings about a student who smokes: Will receive Will not receive Prefer a non-smoker but will accept smoker

Will the student share a bedroom? Yes No If yes, with whom? _____

Indicate your main reasons for wishing to participate in this type of program: _____

Please describe other hosting experiences: _____

How did you learn about Rotary and hosting exchange students? _____

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

Do you know of other families that may wish to host students? If yes, please provide their contact information below: _____

If selected, do you agree to treat the student as your own son or daughter and to provide appropriate parental supervision? Yes No

Please sign below:	
First adult's signature: _____	Date _____ / _____ / _____ MM DD YY
Second adult's signature: _____	Date _____ / _____ / _____ MM DD YY