



Center for Cultural Interchange

Academic Year Program in the United States

HOST FAMILY APPLICATION

The Center for Cultural Interchange Welcomes Participants and Hosts of Every Race, Nationality, Creed, and Religion

FAMILY

FAMILY NAME..... WIFE'S FIRST NAME..... HUSBAND'S FIRST NAME.....

HOME ADDRESS..... (NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)

E-MAIL..... WIFE'S BUSINESS PHONE ().....

HOME PHONE ()..... HUSBAND'S BUSINESS PHONE ().....

WIFE'S BIRTH DATE..... PLEASE INDICATE OCCUPATION & INTERESTS

HUSBAND'S BIRTH DATE..... PLEASE INDICATE OCCUPATION & INTERESTS

CHILDREN:	NAME	SEX	DATE OF BIRTH	LIVING AT HOME?	INTERESTS
.....
.....
.....
.....

OTHERS LIVING IN HOME:	NAME	SEX	DATE OF BIRTH	RELATIONSHIP TO FAMILY	INTERESTS
.....
.....

WHAT IS YOUR FAMILY'S RELIGIOUS AFFILIATION (IF ANY?).....

HOW OFTEN DO YOU ATTEND RELIGIOUS SERVICES AS A FAMILY?NeverA Few Times a Year
.....WeeklyMore Than Once a Week

WOULD YOU PREFER THAT YOUR EXCHANGE STUDENT JOIN YOU?YesOnly if he/she wishes to

DOES ANYONE IN YOUR FAMILY SMOKE?YESNO

DOES ANYONE IN YOUR FAMILY DRINK ALCOHOLIC BEVERAGES?YES (...regularly ...sometimes ...seldom)NO

DOES ANYONE IN YOUR FAMILY HAVE A SERIOUS OR CHRONIC ILLNESS? EXPLAIN:

DOES ANYONE IN YOUR FAMILY HAVE A DISABILITY OR A NERVOUS OR MENTAL DISORDER? EXPLAIN:

DO YOU HAVE FAMILY PETS? ...YES ...NO DESCRIBE..... ARE THE PETS KEPTINDOORSOUTDOORS?

HAS ANYONE IN YOUR FAMILY EVER BEEN CHARGED WITH A CRIME? IF SO, PLEASE EXPLAIN:

(PLEASE NOTE THAT A CRIMINAL BACKGROUND CHECK MAY BE CONDUCTED. ASK YOUR REPRESENTATIVE FOR CLARIFICATION.)
1002

Student

Student ID

Country

Area Representative

DESCRIBE YOUR FAMILY, ITS INDIVIDUAL MEMBERS AND HOW THEY RELATE TO EACH OTHER.

DESCRIBE ANY SPECIAL CIRCUMSTANCES (e.g., PARENTS WHO TRAVEL OFTEN OR WORK UNUSUAL HOURS, ILLNESS OF GRANDPARENTS, ETC.) THE EXCHANGE STUDENT WILL NEED TO ADAPT TO:

DESCRIBE A TYPICAL WEEKDAY IN YOUR HOME.

DESCRIBE A TYPICAL WEEKEND IN YOUR HOME.

WHEN YOU DO SOMETHING SPECIAL ON A WEEKEND, WHAT MIGHT YOU DO?

WHAT ARE SOME OF YOUR FAMILY'S RULES?

FOREIGN LANGUAGES STUDIED OR SPOKEN BY FAMILY MEMBERS:

FAMILY MEMBER	LANGUAGE	FLUENCY				
		POOR	FAIR	GOOD	EXCELLENT	NATIVE
.....
.....

HAS ANYONE IN YOUR FAMILY EVER TRAVELLED OR LIVED OUTSIDE THE U.S.A.?YESNO
 FAMILY MEMBER WHAT COUNTRY(IES) FOR HOW LONG?

HAVE YOU EVER HOSTED AN EXCHANGE STUDENT BEFORE?YESNO
 NATIONALITY SEX AGE DATES OF HOSTING ORGANIZATION

DESCRIBE THIS EXPERIENCE:

HOME

DO YOU LIVE IN:AN APARTMENT OR CONDOA 2+ FAMILY HOUSEA SINGLE FAMILY HOUSEA FARM

BRIEFLY DESCRIBE YOUR HOME (NUMBER OF ROOMS, BEDROOMS, YARD, ETC.) AND YOUR NEIGHBORHOOD:

IS YOUR HOUSEHOLD:QUIETMODERATELY ACTIVEACTIVE? DO YOU HAVE:A PIANO?COMPUTER?

WILL STUDENT HAVE HIS OR HER OWN BEDROOM?YESNO

IF NOT, WHO WILL SHARE ROOM? (Student must have own bed.)

COMMUNITY

IS YOUR HOME IN:CITY?SUBURB?TOWN?VILLAGE?RURAL AREA?

POPULATION OF YOUR COMMUNITY:

BRIEFLY DESCRIBE YOUR COMMUNITY:

NEAREST LARGE CITY..... POPULATION..... TRAVEL TIME BY CAR.....

SCHOOL STUDENT WILL ATTEND

NAME OF SCHOOL.....

TYPE OF SCHOOL:PUBLICPRIVATEROMAN CATHOLICOTHER:

STUDENT BODY: NUMBER OF STUDENTS.....; GRADES TO;MALEFEMALEBOTH

DISTANCE FROM HOME TO SCHOOL: MILES MINUTES

METHOD OF TRAVEL:FOOTCARSCHOOL BUSPUBLIC TRANSPORTATIONOTHER:

FAMILY MEMBER(S) WHO WILL BE ATTENDING THIS SCHOOL NEXT YEAR:

STARTING DATE OF SEMESTER IN WHICH STUDENT WILL BEGIN CLASSES:

Please indicate amount(s) students are charged for:

Registration Fees.....

Books.....

Athletics.....

THE EXCHANGE EXPERIENCE

WHY DOES YOUR FAMILY WANT TO HOST AN EXCHANGE STUDENT?

HOW DO YOU ENVISION THE STUDENT'S INVOLVEMENT IN YOUR FAMILY?

DESCRIBE ANY SPECIAL ACTIVITIES PLANNED DURING THE SCHOOL YEAR BY YOUR FAMILY, OR BY A SCHOOL OR COMMUNITY GROUP THAT THE STUDENT MIGHT ELECT TO JOIN, THAT WOULD INVOLVE EXTRA EXPENSE FOR THE STUDENT (e.g., VACATION TRIPS, ETC.). INCLUDE ESTIMATED DATES AND COST, SO THAT STUDENT AND NATURAL FAMILY MAY DISCUSS THEM PRIOR TO DEPARTURE.

COMMITMENT: The members of our family agree that this is a worthwhile experience and that we wish to host a CCI student.

Date:

Parent Signatures:

Other Family Member Signatures:

Attach four informal snapshots showing you and your family and friends in the places you live or frequently go. This album will help your exchange student understand how you live and the things you enjoy. On the lines next to each picture, describe who and/or what is in the picture.

Attach the pictures with *paste* or *glue*. Please do not use staples. Whether picture is horizontal or vertical, matching corner of picture with numbered corner will cover these instructions but allow your explanations to show.

FAMILY ALBUM



1.....

2.....



HOST FAMILY APPLICATION: Office Supplement

STUDENT PREFERENCES

Homestay Length

- Semester
- Full Year
- Either

Sex

- Male
- Female
- Either

Nationality

- or -

- European
- Middle Eastern
- Asian
- African
- Latin American
- Any

Language

- Spanish
- German
- French
- Portuguese
- Japanese
- Chinese
- Other.....

Countries of

Special Interest:

.....

IS THERE ANY OTHER DESCRIPTION YOU WANT TO GIVE OF YOUR PROSPECTIVE EXCHANGE STUDENT?
 (e.g., musical, sporty, special hobbies, etc.)

SCHOOL

SCHOOL STUDENT WILL ATTEND

ADDRESS
(Number and Street) (City) (State) (Zip)

CONTACT PERSON

TELEPHONE ()..... HAS ENROLLMENT SLOT FOR STUDENT BEEN CONFIRMED?YESNO

ADDITIONAL STEPS NEEDED, IF ANY, TO SECURE ENROLLMENT:

TRAVEL INSTRUCTIONS

MAJOR AIRPORT NEAREST YOUR HOME:

SPECIAL TRAVEL INSTRUCTIONS:

REMEMBER that the student will be alone and probably in the US for the first time. Ticketing will be done in home country.

Host Application: Office Supplement (continued)

REFERENCES

PLEASE LIST AS REFERENCES THREE PEOPLE, *NOT RELATIVES*, WHO KNOW YOUR FAMILY AS A GROUP AND HAVE VISITED IN YOUR HOME.

..... Name Name Name
..... Street Address Street Address Street Address
..... City, State, Zip City, State, Zip City, State, Zip
(.....) Telephone	(.....) Telephone	(.....) Telephone
..... Relationship to Family Relationship to Family Relationship to Family

GENERAL INFORMATION

HOW DID YOU LEARN ABOUT BECOMING A CCI HOST FAMILY?

NAME AND ADDRESS OF YOUR MOST POPULAR LOCAL NEWSPAPER:

(By providing this information, you are giving us permission to submit a news release announcing your involvement as a host family.)

CAN YOU RECOMMEND OTHERS WHO MIGHT ENJOY HOSTING?

(If so, please provide name(s) and telephone number(s).)

WE HAVE RECEIVED THE USIA *CRITERIA FOR TEENAGER EXCHANGE VISITOR PROGRAM*

Signature.....

Date.....

WHEN APPLICATION PACKET IS COMPLETE:

RETURN THIS FORM TO YOUR CCI AREA REPRESENTATIVE



Center for Cultural Interchange
17 North Second Avenue
St. Charles, Illinois 60174

For More Information Call: (800) 634-4771



In consideration of the opportunity to host an exchange student, the named host(s) enter into the following

understanding with the Center for Cultural Interchange, a non-profit student exchange organization.

1. Program Goals

The overall purpose of the program is to promote international goodwill and understanding by exposing young people to the cultures and values of citizens of other countries. It is expected that for student participants such exposure will enhance their knowledge of a foreign language, their cross-cultural skills, self-knowledge, and maturity level. For hosts it is expected that such exposure will enhance their appreciation and understanding of another culture, provide them a deeper awareness and understanding of their own culture, and facilitate a potential life-long friendship with their exchange student.

2. Host Obligations

Host families agree to provide their students the following:

- Room and board for the duration of the program;
- The student's own bed (he or she may share a bedroom with a host sibling of the same sex);
- Close attention to the student's welfare and safety, as concerned parents would extend to their own children;
- A sincere welcome to the student to participate in family activities as a full-fledged family member. Hosts also agree to share all school documents, including grades and progress reports, with the CCI Area Representative.

3. Student Obligations

Exchange students are:

- expected to adapt to the host family's cultural customs and values;
- to integrate themselves into family life-including taking on their fair share of family chores and abiding by family rules;
- to integrate themselves into the high school community and succeed academically;
- to abide by CCI rules and regulations, as indicated in the Conditions of Participation form signed by the students and their natural parents or guardians;
- and to bring funds (we recommend \$150.00 to \$200.00 per month) to cover their personal expenses, including school activities.

4. Organizational Support

CCI organizationally pledges to provide its host families a local Area Representative to orient hosts, to help them and their students adjust to the challenges of the program, to work with area high schools, and to be available in case of emergency. CCI further promises to expedite communications with the recruiting and screening agencies abroad; to ensure international travel arrangements are secure; to supervise its representatives; and to monitor and evaluate the program. Additionally, CCI, working through its Area Representatives, will resolve any conflicts or problems that may arise between host and student, and will, depending on the nature of the conflict or problem, find a new host family or, when such action is indicated, arrange for early repatriation of the student.

5. Visa Arrangements

Students who participate in the Academic Year and Academic Semester Programs travel with J-1 visas supported by the Center for Cultural Interchange (CCI); as such, the ultimate legal responsibility for the welfare of the students lies entirely with CCI, not with host families. CCI's authority to issue to its students documentation supporting their J-1 visas is granted by the U.S. Department of State, which in turn expects CCI to monitor closely all its students throughout the duration of their stay in this country.

6. Health Insurance

All CCI exchange students carry health and accident insurance for the duration of the program.

7. Program Dates

The approximate dates of the program are indicated below. Actual dates may vary slightly depending on international flight availability or special circumstances of the participant. Hosts who invite students to stay for a period beyond the conclusion of the program must realize that official CCI sponsorship will cease and that health and accident insurance will expire.

Host Family

Area Representative

Student Name

Student Country

Approximate Program Dates

Host Signature

Date of Signature

Area Rep Signature

Date of Signature



Permission for Background Check on CCI Host Families

I, the undersigned, wish to be a host for the Center for Cultural Interchange and consent to CCI conducting a criminal background check.

I understand that my birth date will be used only for purposes of conducting the background check. If the background search results in a record being found, I will be contacted by a CCI representative and given an opportunity to clarify. If, after clarification, it is determined that the record is in error, the placement notification will be sent to the sending partner. If the record is not an error but also not significant to the welfare of a potential student, as determined by CCI, the information with an explanation will be disclosed to the sending organization as part of the placement process.

Aside from the placement process, information from the background check will be kept in CCI files and not shared outside the organization. CCI requests background checks for all host families.

My full name (first, middle, last) and birth date (mm/dd/yy) are listed below.

First name: _____

Middle name: _____

Last name: _____

Date of birth: _____

Signature: _____

(**NOTE:** We request each adult, 18 and older, in the prospective host family sign a permission form. Host Family Background Check permission form adopted April 16, 2003.)

Student name: (If one has been chosen) _____

Student ID number: _____