



ProAmerican Educational And Cultural Exchange

WORLD HEADQUARTERS - 40 WATER STREET- NEW PHILADELPHIA - PA - 17959
 TELEPHONE (570) 277-6621- FAX (570)277-0607 - EMAIL: PAZ@PEACE-INC.ORG

**Attach
 photographs
 of house and
 family.**

Dates of Birth and Social Security numbers are needed from all in household members 18 or older for criminal background checks.

HOST FAMILY APPLICATION

Please answer all questions completely, use black ink, and print carefully.

www.peace-inc.org

FAMILY MEMBERS LIVING AT HOME				SMOKER	AGE	SEX	HOBBIES, SPORTS, INTERESTS, ACTIVITIES, CLUBS			FAVORITE SUBJECT			
EMERGENCY CONTACT, RELATIONSHIP & PHONE NUMBER(S)				LIST FAMILY MEMBERS (AND RELATIONSHIP) LIVING NEARBY WHO WOULD OCCASIONALLY INTERACT WITH EXCHANGE STUDENT									
				PETS IN THE HOUSE				MARITAL STATUS OF PARENTS AND HOW LONG					
				PETS OUTSIDE HOUSE									
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	HOUSE <input type="checkbox"/>	APT <input type="checkbox"/>	TRAILER <input type="checkbox"/>	LOT: INNER CITY <input type="checkbox"/>			IN TOWN <input type="checkbox"/>	SUBURBAN DEVELOPMENT <input type="checkbox"/>	RURAL ROAD <input type="checkbox"/>	WOODED <input type="checkbox"/>	LAKE COMMUNITY <input type="checkbox"/>	ON FARM <input type="checkbox"/>
HOME TELEPHONES			DAD'S CELL PHONE:				MOM'S CELL PHONE						
E-MAIL			HEAD OF THE HOUSE OCCUPATION		WHAT DAYS	WHAT HOURS	SPOUSE'S OCCUPATION		WHAT DAYS	WHAT HOURS			
PHYSICAL ADDRESS			EMPLOYER				EMPLOYER						
PO BOX OR OTHER MAILING ADDRESS			BUSINESS CITY & STATE				BUSINESS CITY & STATE						
CITY, STATE, ZIP			BUSINESS TELEPHONE		FAX	BUSINESS TELEPHONE		FAX					
COUNTY			OTHER PART-TIME JOBS				OTHER PART-TIME JOBS						
METRO AREA POPULATION	NEAREST COMMERCIAL AIRPORT	SECOND CHOICE AIRPORT	NEAREST BIG CITY DISTANCE			HOW DID YOU HEAR ABOUT PEACE?							
SCHOOL TO BE ATTENDED BY STUDENT					CHURCH YOUR FAMILY ATTENDS								
					REGULARLY <input type="checkbox"/>								
					INFREQUENTLY <input type="checkbox"/>								
SUPERINTENDENT		PRINCIPAL			DENOMINATION			PHONE NUMBER					
GUIDANCE		PHONE			PASTOR/PRIEST			YOUTH PASTOR					
ADDRESS		CITY/STATE/ZIP			ADDRESS			CITY/STATE/ZIP					
ALTERNATE SCHOOL		CONTACT			PHONE			OTHER CHURCH		CONTACT		PHONE	
STUDENT PREFERENCE M <input type="checkbox"/>		F <input type="checkbox"/>	EITHER <input type="checkbox"/>	YEARS MILITARY SERVICE OF FATHER		BRANCH:		ON ACTIVE DUTY <input type="checkbox"/>	IN RESERVES <input type="checkbox"/>	RETIRED <input type="checkbox"/>			
WILLING TO HOST 1 STUDENT <input type="checkbox"/>		2 STUDENTS <input type="checkbox"/>	YEARS MILITARY SERVICE OF MOTHER		BRANCH:		ON ACTIVE DUTY <input type="checkbox"/>	IN RESERVES <input type="checkbox"/>	RETIRED <input type="checkbox"/>				
STUDENT WILL HAVE OWN ROOM <input type="checkbox"/>		STUDENT MUST SHARE WITH:			# BATHS	# BEDROOMS	AUTOMOBILES						
FOREIGN LANGUAGES SPOKEN		BY WHOM			<input type="checkbox"/> FLUENT? <input type="checkbox"/> HS ONLY		ORGANIZED SPORTS OR ACTIVITIES		BY WHOM		PRACTICE DAYS & HOURS		
					<input type="checkbox"/> FLUENT <input type="checkbox"/> HS ONLY?								
INTERESTING PLACES AND COUNTRIES VISITED AS A FAMILY.					MUSICAL INSTRUMENTS IN THE HOME AND WHO PLAYS THEM								
FAMILY ACTIVITIES: <input type="checkbox"/> TV/VIDEOS, <input type="checkbox"/> INDOOR TABLE GAMES, <input type="checkbox"/> YARD GAMES & PICNICS, <input type="checkbox"/> SHOPPING & DINING OUT, <input type="checkbox"/> MOVIES, CONCERTS, PLAYS, <input type="checkbox"/> MUSEUMS, NATURAL WONDERS, ETC.													
<input type="checkbox"/> CAMPING, HIKING, <input type="checkbox"/> WATER SPORTS <input type="checkbox"/> HUNTING, FISHING, <input type="checkbox"/> ATTEND SPORTING EVENTS, <input type="checkbox"/> WINTER SPORTS, <input type="checkbox"/> BOWLING, <input type="checkbox"/> TENNIS, <input type="checkbox"/> HORSEBACK RIDING, <input type="checkbox"/> MOTOR BIKE & ATV,													
<input type="checkbox"/> CYCLING, <input type="checkbox"/> CHURCH YOUTH & FAMILY PROGRAMS, <input type="checkbox"/> FAIRS, AMUSEMENT PARKS, <input type="checkbox"/> EXHIBITS (FLOWERS, COMPUTERS, ETC), ANIMAL SHOWS, OTHER:													
NAME & ADDRESS OF LOCAL NEWSPAPERS													
<input type="checkbox"/> PLEASE CHECK BOX TO AUTHORIZE RELEASE OF CONTACT INFORMATION TO LOCAL MEDIA TO DO STORY ON EXCHANGE STUDENT													
SIGNATURE OF BOTH PARENTS										DATE			

HOST FAMILY APPLICATION

		YES	NO
1.	Do you have the financial ability to provide 2-3 daily meals for another person in your home for up to five or ten months?		
2.	Exchange students may not drive. Will transportation be available to and from after school activities?		
3.	Can you accommodate a student of a different denominational faith?		
4.	Is at least one parent home during the dinner hour?		
5.	Does your family practice any dietary restriction? If yes, explain (I.e., vegetarian)		
6.	Do you describe your childrearing as ____ rigid and strict, or ____ flexible and moderate. Do your children agree?		
7.	Do your children have a curfew or other restrictions which will also apply to the student? If Yes, please Explain.		
8.	Do any of your children have jobs during the school year? If yes, what days and hours:		
9.	Circle below your children's chores. Maintain own room Yard work Wash dishes Vacuum & dust Animal care Laundry Remove trash Shovel Snow		
10.	Would you expect the same chores of an exchange student? If not, Explain:		
11.	Has there been any school suspensions, sexual or substance abuse, criminal history or other legal problems in your immediate family? If Yes, document.		
12.	Is there any disability, illness or emotional problem in this family that might negatively affect the hosting experience? If yes, explain and list doctor & ph #.		
13.	Circle below any social customs, activities, or holiday that your family does NOT celebrate or participate in. Drinking Card Playing Birthdays Dancing Halloween Christmas Other:		
14.	Do you describe your oldest teen at home as ____ outgoing ____ shy ____ neither? #2 ____ outgoing ____ shy ____ neither? ? #3 ____ outgoing ____ shy ____ neither?		
15.	What behaviors and/or attitudes do you find unacceptable in teenagers?		
16.	What personality traits and/or behaviors and/or do you prefer in teenagers?		
17.	Why do you want to host an exchange student?		
18.	What are you children's expectations of a student and from the overall experience?		
19.	Why will your family make a good host family?		
20.	What are some of the cultural, historical, or natural sites or events in your part of America that you might take an exchange student to see?		

Personal References who know your family well. Include one neighbor & one family member.			Ex-spouse, if custody shared
Name	Name	Name	Name
Telephone	Telephone	Telephone	Telephone
Address	Address	Address	Address
Relationship: friend	Relationship: neighbor	Family Relationship:	

We feel that our family has both the ability and the desire to make the effort necessary to overcome problems in communications and cultural differences in order to absorb a new member into our home and family. We understand and acknowledge by our signature that P.E.A.C.E., Inc. maintains Jurisdiction over all aspects of the program. Since P.E.A.C.E., Inc. has full responsibility for the students welfare, in the event of any dispute or problem Between the student and our family, P.E.A.C.E., Inc. retains the right to remove the student from our home at any time, or take other action as deemed Necessary. I authorize any social service, police, or other government agency, medical facility, employer, school or the above personal references to release information held on me or any resident of my household, which may reflect on our qualifications to host a P.E.A.C.E. foreign exchange student.

_____ Signature of both parents	_____ Date
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SECURITY CLEARANCE INFORMATION FORM

Regulations at 22 CFR 62.25(k)(7) state that sponsors must “Verify that each member of the host household eighteen years of age and older have undergone a criminal background check”.

Please provide the following information for all members of your household who are 18 years old or older

Street Address of your residence	City	State	Zipcode	Years this Address

Last Name	First Name	Middle Name	Social Security #	Date of Birth	Signature of each person

I/we, the above signed, authorize any government agency, medical facility, employer, or criminal check agencies to release information held on me.