



# 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  
 or email to office**

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
SKYPE NAME		EMPLOYER			EMPLOYER				
PHYSICAL ADDRESS		BUSINESS CITY & STATE			BUSINESS CITY & STATE				
PO BOX OR OTHER MAILING ADDRESS		BUSINESS TELEPHONE		FAX	BUSINESS TELEPHONE		FAX		
CITY, STATE, ZIP		OTHER PART-TIME JOBS			OTHER PART-TIME JOBS				
COUNTY		AREA POPULATION	NEAREST COMMERCIAL AIRPORT	SECOND CHOICE AIRPORT	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		[ ] FLUENT? [ ] HS ONLY		ORGANIZED SPORTS OR ACTIVITIES		BY WHOM	PRACTICE DAYS & HOURS
				[ ] FLUENT [ ] HS ONLY?					
INTERESTING PLACES AND COUNTRIES VISITED AS A FAMILY.				MUSICAL INSTRUMENTS IN THE HOME AND WHO PLAYS THEM					
FAMILY ACTIVITIES: [ ] TV/VIDEOS, [ ] INDOOR TABLE GAMES, [ ] YARD GAMES & PICNICS, [ ] SHOPPING & DINING OUT, [ ] MOVIES, CONCERTS, PLAYS, [ ] MUSEUMS, NATURAL WONDERS, ETC. [ ] CAMPING, HIKING, [ ] WATER SPORTS [ ] HUNTING, FISHING, [ ] ATTEND SPORTING EVENTS, [ ] WINTER SPORTS, [ ] BOWLING, [ ] TENNIS, [ ] HORSEBACK RIDING, [ ] MOTOR BIKE & ATV, [ ] CYCLING, [ ] CHURCH YOUTH & FAMILY PROGRAMS, [ ] FAIRS, AMUSEMENT PARKS, [ ] EXHIBITS (FLOWERS, COMPUTERS, ETC), ANIMAL SHOWS, OTHER:									
NAME & ADDRESS OF LOCAL NEWSPAPERS									
<input type="checkbox"/> CHECK BOX ONLY IF YOU DON'T WANT TO AUTHORIZE RELEASE OF CONTACT INFORMATION TO LOCAL MEDIA TO DO A STORY ON YOUR EXCHANGE STUDENT									
SIGNATURE OF BOTH PARENTS								DATE	

# HOST FAMILY APPLICATION

		YES	NO
1.	Do you have the financial ability to provide 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? [     ]     Of a different religion? [     ]     Of no religious training but open to it [     ]		
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. <span style="float: right;">Do your children agree?</span>		
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 friend, one neighbor, and one school employee or board member**

Name	Name	Name	Name
Telephone	Telephone	Telephone	Telephone
Address	Address	Address	Address
Relationship: friend	Relationship: neighbor	position with school:	<i>list x-spouse here if child custody is split if not, other:</i>

*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

[This form is kept in a locked drawer separate from other materials to keep your social security number private](#)

U.S. Department of State Regulation 22 CFR 62.25(k)(7) requires sponsor programs to "Verify that each member of the host family household eighteen years of age and older and any program representatives interacting with students have undergone a criminal background check".

The search agency cannot examine public records without the social security number and date of birth of the person(s) begin checked.

Please provide at least 10 years residency and the below information for all members of your household who are 18 years old or older. Does not apply to children living out the house or away at college and only returning to visit at holidays and breaks.

Street Address of your residence	City	State	Zip	years here	Landlord, if renting	Landlord phone

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

I/we certify that we are not living in federal or state subsidized housing, receiving food stamps, or collecting welfare. [  ] (applies only to hosting parents)

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