



ProAmerican Educational And Cultural Exchange

WORLD HEADQUARTERS - 40 WATER STREET - NEW PHILADELPHIA - PA - 17959
TELEPHONE (717) 277-0607 - FAX (717) 277-0607 - EMAIL: PAZ@PEACE-INC.ORG

APLICACION FAMILIA ANFITRIONA

www.peace-inc.org

Please answer all questions completely, use black ink, and print carefully.
POR FAVOR RESPONDE TODAS LAS PREGUNTAS. USE TINTA NEGRA

Y CATEGORIA DE MOLDIA

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.

FAMILY MEMBERS LIVING AT HOME		SMOKER	AGE	SEX	HOBBIES, SPORTS, INTERESTS, ACTIVITIES, CLUBS		FAVORITE SUBJECT
MIEMBROS DE LA FAMILIA QUE HABITAN EN LA MISMA CASA		Fumador	Edad	Sexo	Aficiones, deportes, intereses, actividades, clubes		TEMA FAVORITO
EMERGENCY CONTACT, RELATIONSHIP & PHONE NUMBER(S) Persona contacto emergencia/ Relacion/ telefono :		LIST FAMILY MEMBERS (AND RELATIONSHIP) LIVING NEARBY WHO WOULD OCCASIONALLY INTERACT WITH EXCHANGE STUDENT Lista miembros de la familia (y relacion) que viven cerca y que eventualmente pudieran interactuar con el estudiante de intercambio.			MARTIAL STATUS OF PARENTS AND HOW LONG Status Marital de los Padres anfitriones y por cuanto tiempo		
OWN [] RENT [] HOUSE [] APT [] TRAILER [] LOT, INNER CITY [] IN TOWN [] SUBURBAN DEVELOPMENT [] RURAL ROAD [] WOODED [] LAKE COMMUNITY [] ON FARM []		PETS IN THE HOUSE		PETS OUTSIDE HOUSE			
HOME TELEPHONES TELEFONOS CASA :		DAD'S CELL PHONE Telefono Celular (PADRE) :		MOM'S CELL PHONE Telefono Celular (MADRE) :			
E-MAIL :		HEAD OF THE HOUSE OCCUPATION Profesion Padre :		WHAT DAYS Dias	WHAT HOURS Horas	SPOUSE'S OCCUPATION Profesion Madre :	
SKYPE NAME Nombre SKYPE :		EMPLOYER Empleador del Padre :		EMPLOYER Empleador de la Madre :		WHAT DAYS Dias	
PHYSICAL ADDRESS Direccion Postal :		BUSINESS CITY & STATE Ciudad y Provincia (oficina) :		BUSINESS CITY & STATE Ciudad y Provincia (oficina) :			
PO BOX OR OTHER MAILING ADDRESS Apartado Postal u otra direccion postal :		BUSINESS TELEPHONE Telefono oficina :		BUSINESS TELEPHONE Telefono oficina :			
CITY, STATE, ZIP Ciudad, Provincia, Codigo Postal :		OTHER PART-TIME JOBS Otros empleos temporales :		OTHER PART-TIME JOBS Otros empleos temporales :			
COUNTRY Municipio		AREA POPULATION Poblacion	NEAREST COMMERCIAL AIRPORT Aeropuerto mas cercano :	SECOND CHOICE AIRPORT Segundo aeropuerto mas cercano :	HOW DID YOU HEAR ABOUT PEACE? Como supo de PEACE?		
SCHOOL TO BE ATTENDED BY STUDENT Colegio donde asistira el estudiante :		CHURCH YOUR FAMILY ATTENDS Iglesia a la cual asiste la Familia :		REGULARLY [] INFREQUENTLY []		REGULARLY [] INFREQUENTLY []	
SUPERINTENDENT Nombre Superintendente :		PRINCIPAL Nombre del Director :		DENOMINATION Titulo :		PHONE NUMBER Telefono :	
GUIDANCE Nombre profesor guia :		PHONE Telefono :		PASTOR/PRIEST Nombre del Sacerdote/Pastor :		YOUTH PASTOR Nombre Pastor Juvenil :	
ADDRESS Direccion :		CITY/STATE/ZIP Ciudad/Provincia/ Codigo Postal :		ADDRESS Direccion :		CITY/STATE/ZIP Ciudad/Provincia/Codigo Postal :	
ALTERNATE SCHOOL Colegio alternativo :		CONTACT Persona Contacto :		PHONE Telefono :		OTHER CHURCH OTRA IGLESIA	
STUDENT PREFERENCE: M [] F [] EITHER [] WILLING TO HOST 1 STUDENT [] 2 STUDENTS []		YEARS MILITARY SERVICE OF FATHER YEARS MILITARY SERVICE OF MOTHER		BRANCH:		ON ACTIVE DUTY [] IN RESERVES [] RETIRED [] ON ACTIVE DUTY [] IN RESERVES [] RETIRED []	
STUDENT WILL HAVE OWN ROOM [] STUDENT MUST SHARE WITH:		# BATHS		# BEDROOMS		AUTOMOBILES: No. de Automobiles:	
FOREIGN LANGUAGES SPOKEN Idiomas:		BY WHOM Por Quien:		ORGANIZED SPORTS OR ACTIVITIES Deportes y/o actividades programadas:		BY WHOM Por Quien:	
INTERESTING PLACES AND COUNTRIES VISITED AS A FAMILY: Sitios de interes y paises visitados por la familia:		MUSICAL INSTRUMENTS IN THE HOME AND WHO PLAYS THEM: Instrumentos musicales en la casa y quien los toca:					
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: Nombre y Direccion de periodicos locales:							
[] 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 FIRMA DE AMBOS PADRES						DATE FECHA	

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Exchange students may not drive. Will transportation be available to and from after-school activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Can you accommodate a student of a different denominational faith? [<input type="checkbox"/>] Of a different religion? [<input type="checkbox"/>] Of no religious training but open to it [<input type="checkbox"/>]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is at least one parent home during the dinner hour? <i>Estara alguno de los Padres presente durante la cena?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your family practice any dietary restriction? If yes, explain (i.e., vegetarian) <i>Alguna persona de la familia tiene alguna restriccion dietaria? Si la respuesta es afirmativa explique:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you describe your childrearing as ___ rigid and strict, or ___ flexible and moderate. Do your children agree?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Do your children have a curfew or other restrictions which will also apply to the student? If Yes, please Explain. <i>Tiene alguno de sus hijos un horario con restricciones (toque de queda) que aplicaria tambien al estudiante de intercambio? Si la respuesta es afirmativa explique:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do any of your children have jobs during the school year? If yes, what days and hours? <i>Trabaja alguno de sus hijos durante el año escolar? Si la respuesta es afirmativa explique cuantos días y horas.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Circle below your children's chores. Maintain own room <input type="checkbox"/> Yard work <input type="checkbox"/> Wash dishes <input type="checkbox"/> Vacuum & dust <input type="checkbox"/> Animal care <input type="checkbox"/> Laundry <input type="checkbox"/> Remove trash <input type="checkbox"/> Shovel Snow <input type="checkbox"/>			
10. Would you expect the same chores of an exchange student? If not, Explain. <i>Tendria el estudiante de intercambio hacer las mismas labores de la casa? Si la respuesta es negativa explique:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Has there been any school suspensions, sexual or substance abuse, criminal history or other legal problems in your immediate family? If Yes, document. <i>Ha habido suspensiones en el Colegio, drogas y/o abuso sexual, historial criminal u otros problemas legales en el seno de su familia mas cercana? Si la respuesta es afirmativa documente:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 #. <i>Existe alguna discapacidad, enfermedad o problemas emocionales en la familia que pudiera afectar la experiencia del intercambio? Si la respuesta es afirmativa explique:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Circle below any social customs, activities, or holiday that your family does NOT celebrate or participate in. Drinking <input type="checkbox"/> Card Playing <input type="checkbox"/> Birthdays <input type="checkbox"/> Dancing <input type="checkbox"/> Halloween <input type="checkbox"/> Christmas <input type="checkbox"/> Other: _____			
14. Do you describe your oldest teen at home as <input type="checkbox"/> outgoing <input type="checkbox"/> shy <input type="checkbox"/> neither? #2 <input type="checkbox"/> outgoing <input type="checkbox"/> shy <input type="checkbox"/> neither? #3 <input type="checkbox"/> outgoing <input type="checkbox"/> shy <input type="checkbox"/> neither?			
15. What behaviors and/or attitudes do you find unacceptable in teenagers? <i>Que comportamiento y/o actitudes consideran Uds. inaceptables en los jovenes?</i>			
16. What personality traits and/or behaviors and/or do you prefer in teenagers? <i>Que personalidad y comportamiento prefieren Uds. en los jovenes?</i>			
17. Why do you want to host an exchange student? <i>Por que quieren Uds. hospedar a un estudiante de intercambio?</i>			
18. What are you children's expectations of a student and from the overall experience? <i>Cuales son las expectativas que tienen sus hijos sobre un estudiante de intercambio y de la experiencia en si?</i>			
19. Why will your family make a good host family? <i>Por que Uds. creen que seran una buena familia anfitriona?</i>			
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? <i>Que parte de su patrimonio historico-cultural consideraria importante mostrar al estudiante de intercambio?</i>			

Personal References who know your family well: Include one friend, one neighbor, and one school employee or board member

Name <i>NOMBRE:</i>	Name <i>NOMBRE:</i>	Name <i>NOMBRE:</i>	Name <i>NOMBRE:</i>
Telephone <i>TELEFONO:</i>	Telephone <i>TELEFONO:</i>	Telephone <i>TELEFONO:</i>	Telephone <i>TELEFONO:</i>
Address <i>Direccion:</i>	Address <i>Direccion:</i>	Address <i>Direccion:</i>	Address <i>Direccion:</i>
Relationship: friend <i>Relacion: Amigo</i>	Relationship: neighbor <i>Relacion: Vecino</i>	Position with school: <i>CARGO EN EL COLEGIO</i>	<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 TERMA DE AMBOS PADRES	Date FECHA
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