



2011 Ohio 4-H Host Family Application



- ENCLOSE PHOTO
- PRINT NEATLY OR TYPE!

HOST FAMILY INFORMATION			(FOR 4-H OFFICE USE ONLY)	
FAMILY LAST NAME			ORGANIZATION	
STREET ADDRESS			NAME	
CITY	OHIO	ZIP:	ID CODE	
COUNTY:	FAX: ()		GENDER	AGE
HOME PHONE ()	YOUTH CELL: ()		YOUTH EMAIL:	
FATHER'S NAME:		FATHER CELL PHONE:	OCCUPATION:	BIRTHDATE:
FATHER'S EMAIL:		()		
MOTHER'S NAME:		MOTHER CELL PHONE:	OCCUPATION:	BIRTHDATE:
MOTHER'S EMAIL:		()		

OTHERS IN HOME (If applying to host a Month-long Youth, place an "X" to the left of the sibling who will be hosting the exchangee.)

"X"	NAME	GENDER	BIRTHDATE (M/D/Y)	GRADE	AGE as of 8/30/11	HOBBIES / INTERESTS / PERSONALITY TRAITS

Location of Home: City Small Town Rural Non-farm Farm (# acres _____) Suburb Other _____

Do any adults in the home serve as 4-H Advisors? Mother Father Other Adult: _____

Is your family involved in 4-H? (not required) Yes No Type of Crops: _____

Farm Animals: _____ Domestic Animals: _____

Do you have any inside animals? Yes No If yes, what animals?: _____

Population of Town/City: _____ Is there a piano in your home? _____ (This question helps us with matching)

Family Interests: _____

Check boxes which apply: Smoking household Non-smoking household Smoking forbidden in our house
 Single family house Mobile home Apartment Other (describe): _____

If both parents work outside the home, who will assume responsibility when both parents are away? _____

Please explain ALL health concerns (physical, psychological) in the family. (For information of exchangee only) _____

Would your exchangee be expected to attend church with you? Yes No Religion: (optional) _____

Would you be able to accommodate an exchange with a special diet (vegetarian, no dairy, etc.)? Yes No

Foreign Languages Spoken: _____

Has your family hosted an exchangee before? Yes No

If "yes," Program Name(s): _____ Year(s): _____

Country(s): _____ Length of stay(s): _____

Why do you want to host? _____

REQUIRED! You *must* include a recent family photo with members identified. Okay to email to: thalheimer.1@osu.edu

PREFERENCES FOR EXCHANGEES (Please check ALL of the types of exchangees your family would be able to host)

If our first choice is unavailable, we will accept a different age: Yes NO a different gender: Yes NO

 We know a specific exchangee coming who we wish to host. Name: _____

 Japanese Youth (ages 12-16) for **1 Month** (July 23 to August 18) Male Female Either Age Preference: _____
(You must have your own child of the same gender and approximate age.)

 Japanese Older Teen or Adult Chaperone (ages 19-60) for **2 Weeks or 1 Month** in late July or August
Gender Preference: Male Female Either
Date Preference: July 23 - August 4 August 4-18 Either Both (July 23 – August 18)

Non-Japan Youth: Only a few of these youth are available. Must have your own child of same gender and approximate age. Please check (rank order) above if willing to host a Japanese youth as a 2nd choice if you are not matched with one of these youth.

 Costa Rica Youth (age 15-18) for **1 Month** (June 17 to July 16) Male Female Either Age Preference: _____

 Norway Youth (age 15-18) for **1 Month** (June 29 to July 27) Male Female Either Age Preference: _____

 Argentina Youth (age 15-18) for **1 Month** (June 29 to July 27) Male Female Either Age Preference: _____

WE UNDERSTAND/CONFIRM ~ Parent(s) and main Host Sibling MUST initial each Item.

Parent(s) and Main Host Brother/Sister MUST Initial Each Item. Thank You.

_____ Host Family applicants will receive notification of selection as soon as possible by the State Coordinator (usually late April). Selection is based on references, application, home interview(s) which may or may not be announced, ability to closely match exchangees and families, and background checks. Families will be sent information about whether or not they need background checks after submitting this application. Applying does not obligate you to host nor does it assure assignment of an exchangee.

_____ (For the Labo Month-long Program) The Ohio youth matched to host the exchangee must keep this exchange uppermost in mind during the hosting month, and ensure that the exchangee feels comfortable around friends and feels included in activities.

_____ If selected as a host family, we will be expected to treat the exchangee as a family member. We will communicate with the exchangee prior to arrival. Our visitor will be included in all family activities. Lodging, all meals, and family activities will be paid by us. No special arrangements for entertaining or traveling are expected. The program emphasizes the normal family life experience that can be gained from a host family stay. Our family must be flexible, patient and able to communicate both verbally and non-verbally while hosting. Only 1 exchangee per family is allowed for the month-long programs. Families with native-speakers may not host a visitor of that language.

_____ If our family owns any guns, they must be locked and kept out of sight during the homestay. (A visible but locked gun cabinet is OK.)

_____ Orientations will be held and orientation materials will be sent to us. We will read the information and familiarize ourselves with it. We are required to attend an orientation if we did not host with Ohio 4-H last year. (Note: All Year-Long Host Families must attend an Orientation, regardless of when they last hosted.) We are also expected to attend one mid-point activity during the homestay (offered around the state).

_____ We will contact the State Coordinator or the local ICC or County 4-H Educator immediately if illness or a problem/concern is evident. We understand and accept that in certain instances an exchangee must be removed from a home after placement.

_____ No family member has ever abused drugs or alcohol, received a DUI, or been convicted of child or spousal abuse, or any other felony criminal offense. (If past drug/alcohol abuse or DUI applies, you will not necessarily be precluded from hosting. Please include a note of explanation.)

_____ We give permission to The Ohio State University, OSU Extension, Ohio 4-H, Labo and States' 4-H to use in public awareness programs any photos, voice and video images or activities in which the exchangee and the host family participate.

Parent Signature: (Required) _____ Date: _____

REFERENCES ~ List complete information for three individuals (non-relatives) who can be contacted. One person must be your 4-H Educator or Advisor. If you are not in 4-H, include someone from your school. Be sure to include valid phone and email.

NOTE: Your application will be returned to you if the information below is not complete! Thank you!

Name: _____ Day Phone: (_____) _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Day Phone: (_____) _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Day Phone: (_____) _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Mail Photo + Complete, Signed Application to: Ohio 4-H International Program, 2201 Fred Taylor Dr., Columbus, OH, 43210

Phone: 614-292-6941 Email: thalheimer.1@osu.edu Web: www.ohio4h.org/youth/international