



2009 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 ()	CELL: ()		Host Sibling's Email:	
FATHER'S NAME:		OCCUPATION:	WORK TELEPHONE	BIRTHDATE
FATHER'S EMAIL:			()	
MOTHER'S NAME:		OCCUPATION:	WORK TELEPHONE	BIRTHDATE
MOTHER'S EMAIL:			()	

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

"X"	NAME	GENDER	BIRTHDATE (M/D/Y)	GRADE	AGE as of 8/30/09	HOBBIES / INTERESTS / PERSONALITY TRAITS

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

Have you or your family been involved in 4-H? Yes No Type of Crops: _____

Farm Animals: _____ Domestic Animals: _____

Are animals allowed in the house? 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) _____

Regarding meal preferences, would you be able to accommodate special diets (vegetarian, no dairy, etc.)? Yes No

Foreign Languages Spoken: _____ Has your family hosted an exchangee before? Yes No

If "yes," Program Name: _____ 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 we would like to host. Name: _____

_____ **Japanese Youth** (ages 12-18) for **1 Month** (July 23 to August 18) Male Female Either Age Preference: _____

_____ **Japanese 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 5 August 5-18 Either Both (July 23 – August 18)

Other Exchanges: (Only a few of these exchangees will visit the U.S., and they will be matched by our national office. Check above if willing to host a Japanese youth in the event that you are not matched with one of these exchangees. Please rank order.)

_____ **Finland Youth** (age 15-19) for **1 Month** (June 15 to July 13) Male Female Either Age Preference: _____

_____ **Costa Rica Youth** (age 15-19) for **1 Month** (June 21 to July 18) Male Female Either Age Preference: _____

_____ **Norway Youth** (age 15-19) for **1 Month** (July 8 to August 6) 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, ability to closely match exchangees and families, and fingerprint background checks. Families will be sent information about whether or not they need fingerprint 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 exchangee will be included in all family activities. Lodging, all meals, and family activities will be paid by us.

_____ 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.)

_____ 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.

_____ 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 encouraged to attend one mid-point activity during the homestay, if offered in our area.

_____ 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 member of our family has ever abused drugs or alcohol, or been convicted of child or spousal abuse, or any other felony criminal offense. (If past drug/alcohol abuse 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 Worldwide 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:** _____

4-H Educator Signature (Required) _____ **Date:** _____

State 4-H International Program Manager @ OSU: _____ **Date:** _____

NOTE: Your application will be returned to you if the information below (or any other info on this form) is not complete! Thank you.

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 system. **Be sure to include work phone** when applicable.

Name: _____ Home Phone: (_____) _____ Work Phone: (_____) _____

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

Name: _____ Home Phone: (_____) _____ Work Phone: (_____) _____

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

Name: _____ Home Phone: (_____) _____ Work Phone: (_____) _____

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