

Montana 4-H Center for Youth Development HOST FAMILY APPLICATION - IPYA

Please attach a page with recent family photo(s) with members identified.

Print neatly or type

Permanent Host Family

Temporary Host Family (Dates:

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HOST FAMILY I	NFORMATION	(FOR 4-H OFFICE USE ONLY)		
FAMILY NAME		ORGANIZATION		
STREET ADDRESS		NAME		
CITY	STATE	ID CODE		
ZIP	COUNTY	GENDER	AGE	
HOME TELEPHONE	FAX	EMAIL		
FATHER'S NAME	OCCUPATION	WORK PHONE:	CELL PHONE:	
MOTHER'S NAME	OCCUPATION	WORK PHONE:	CELL PHONE:	

OTHERS IN HOME

"X"	Name	Gender	Birthdate	Grade	Age	Hobbies/interests
Ha	ave you or your family been i	nvolved	in 4-H?	□Yes	5 🗌 N	lo Foreign languages spoken
Ar	e animals allowed in the hou If yes, what animals & how Farm/Outdoor Animals:	v many?				
Location of Home: 🗌 City 🔲 Small Town 🔄 Rural Non-Farm 🔄 Farm 🔲 Suburb 🔲 Ranch						
] Smoking household	Non-sm	oking hou	usehold		Smoking forbidden in our household
Single family house Apartment Other (describe):						
Fa	amily Hobbies/Interest:					
Has your family hosted an exchangee before? 🗌 Yes 🗌 No 🛛 If "yes," name of program(s):						
W	What Year(s): Length(s) of stay(s):					
W	hy does your family want to h	nost?				
	EFERENCES FOR EXCHAN ease check the types of ex-		es your f	amily v	vould	be able to host)
Ge	nder preference: Male	Fema	e E	ither is	accep	able Age Preference:
lf y	our first choice is unavailable	, we will	accept s	omeon	e who	is a different age: Yes No

PLEASE ATTACH RECENT FAMILY PHOTO IN SPACE PROVIDED:
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WE UNDERSTAND/CONFIRM (Parent(s) and host brother/sister, please initial)
If selected as a host family, our far members. The exchangee will be	mily will be expected to treat the exchange as one of the family included in all family activities.
	taining or traveling with this delegate are expected. The program experience that can be gained from a host family stay.
All applicants will receive notification	on of selection as soon as possible by the state/ provincial coordinator.
Family must be flexible, patient an	d able to communicate both verbally and non-verbally while hosting.
No member of our family has ever offense.	been convicted of child abuse, drug abuse, or any other felony criminal
	nge uppermost in mind during the month(s) of hosting. All family the delegate feels comfortable around friends and feels included in
We will contact state or county interproblem/concern is evident.	ernational exchange coordinator immediately if illness or
Signature:	Date:
	e:
State 4-H International Coordinator:	Date:
List two people (not family members or rel	latives) who can be contacted for references:
Name:	Phone:
Address:	

City:	State:	Zip:	
Name:		Phone:	
Address:			
City:	State:	Zip:	

Additional Information for Host Family Application Form

What type of responsibilities/jobs will the student be expected to have/do?

What are your family's expectations for hosting an IFYE?

*To make the best match possible, please provide additional information about the host.				
Name of hosting sibling (parent):				
What activities do you enjoy? Studying Shopping Walking Camping Tennis Eating Swimming Singing Cooking Music Sports Other:				
Your Personality Characteristics:				
What do you usually do in your free time? Movies Museums Read Study Shop Participate in Sports Spectator of Sport Events Other:				
What type of TV programs do you enjoy watching? Educational Drama Adventure Musicals Comedies Game Shows Movies Sports News None Other:				
What kind of books do you like to read? Classics Non-Fiction Poetry Mysteries Biographies Other:				
What type of music do you enjoy? Classical Disco Show Tunes Popular Jazz Rap Alternative Other:				
What qualities do you value most in other people?				