

• Please PRINT neatly

Alberta / Finland 4-H International Exchange Host Family Application

Family Last Name _____

Address _____

City _____

Provincial _____ Postal Code _____

Home Phone (_____) _____ E-Mail _____

* please write clearly *

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Emergency Contact _____ Telephone (_____) _____
(If parents are not available)

Exchange Program
Name _____
ID code _____
Sex _____ Age _____

Others in Home (Place an "X" to the left of the person who will be the main host)

X	Name	Sex	Birthdate (D/M/Y)	Age	Hobbies/Interests/Personality Traits

Location of Home

- City (pop. _____)
- Town (pop. _____)
- Farm (# acres _____)
crops: _____
- Rural nonfarm

Type of Home

- Single family house
- Apartment
- Mobile Home
- Duplex

- Smoking Household
- Nonsmoking Household
- Smoking Forbidden

Outdoor Animals _____ Indoor Animals _____

Family Interests _____

Who will assume responsibility if both parents are away? _____

Please explain any special health considerations in family _____

Will your exchangee be expected to attend religious services? Yes No Religion (Optional) _____

Languages Spoken _____

Please attach family photo

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

- Youth (ages 12-18) from mid-July to mid-August. Age Preference _____
- Adult leader for approximately two weeks in July or August.
- Prefer: Male Female Either is acceptable

If our first choice is not available, we will accept someone who is a different sex: Yes No

If our first choice is not available, we will accept someone who is a different age: Yes No

WE UNDERSTAND:

- If selected as a host family, your family will be expected to treat the exchangee as a family member. Exchangees will be included in all family activities.
- No special arrangements for entertaining or traveling with this delegate are expected. The program emphasizes the normal family life experience that can be gained from a host family stay.
- An orientation session will be held and orientation materials will be sent to you. You are expected to read the information and familiarize yourself with this material in preparation for this exchange.
- All applicants will receive notification of selection as soon as possible by the exchange coordinator. Selection is based on application and ability to closely match a student in your family with an exchangee.
- Family must be flexible, patient and able to communicate both verbally and non-verbally while hosting a person from another country.
- Person matched to host must keep this exchange uppermost in mind during the month of hosting. Host should make sure that exchangee feels comfortable around friends and is included in activities.
- Family will contact the exchange coordinator immediately if illness or problem/concern is evident.

Parent Signature _____ Date _____

Host Brother or Sister Signature _____

Coordinator

Coordinator Name : Tori White

Address: 105 Silverthorn Close

City: Olds

Province: Alberta

Postal Code: T4H 1B2

Phone: (403) 556-8048

Fax: (403) 556-8058

E-Mail: twhite@oldscollege.ca

Comments (optional) _____

Coordinator Signature _____