



TO BE COMPLETED BY THE HOST FAMILY &
REFERENCE PERSON.

Host family confidential reference form

Name of School/Association _____ Project # _____
(To be filled out by Group Organizer)

Instructions for Completion:

Section I of this form is to be completed by the prospective Host Family.

Section II of this form is to be completed by the Host Family's reference who is a close friend, neighbor, employer, co-worker, family physician, etc. A reference is not family-related, has known you for at least three years and seen you within the last six months.

To the reference completing this form: This family is applying to SEVEC to host an exchange participant in their home for one week or more. Please answer the following questions honestly and completely. You may be contacted by the Group Organizer, a member of a Screening Committee or SEVEC for verification of this reference. **All information provided by you will be held in strict confidence** according to SEVEC's Privacy Policy.

This form may be returned to the host family in a sealed envelope. The Host Family will then forward it with their completed application to the Group Organizer for review. Alternatively, this form can be sent directly to the Group Organizer or directly to SEVEC. The host family's application cannot be processed without this confidential reference. Please return it as quickly as possible. Thank you for your support.

Section I: To be filled out by the host family

Host Family Name: _____

Participant Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Section II: To be filled out by the reference

Reference name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Home phone: () _____ **Alternate phone:** () _____

1. How long have you known this person/family? _____

2. Please describe the capacity in which you know them (friend, colleague, neighbor, church etc.). What is your relationship to the host family?



3. Have you visited the applicant family in their home? Yes No

Please briefly describe frequency, living conditions etc. _____

4. Are you aware or have any reason to believe that this person / any member of this family, has problems with alcohol, drug abuse, domestic violence, verbal, physical or sexual abuse or other problems? Yes No

Please explain: _____

5. Are you aware of any history of arrest or criminal charges involving any family member? Yes No

Please explain: _____

6. In your opinion, is this family able to provide adequate supervision and to take full responsibility of the visiting exchange participant in their care? Yes No

Please explain: _____

7. Would you feel comfortable placing your son, daughter or any other child for whom you are responsible in this person / family's home for a week or more? Yes No

Please explain: _____

8. Are you able to recommend this family as a host family for SEVEC Youth Exchanges Canada Program? Yes No

9. In the space below, please feel free to make any further comments or observations which you feel support to accept or decline this family's application.

Signature of reference: _____

Date: _____

For Group Organizer or Screening Committee Representative Verification

Name: _____

Signature: _____ Date: _____