


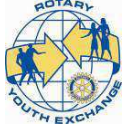
Host Family Name (e.g. John and Mary SMITH)	Club	District	HF-2
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*Host Family Interview & Accommodations Inspection

Rotary Youth Exchange, District _____

(*Revised January 18, 2012 See SCRYE Website to verify latest version)



Host Home Photos

Photos of home exterior and grounds, kitchen, student's bedroom, student's bathroom, living and family areas are required.

Were appropriate photos included with application? Yes ☐ No ☐ If yes, do they meet requirements? Yes ☐ No ☐

If no to either question, were they made during this visit? Yes ☐ No ☐

Host Home Features Inspected

Student's Bedroom ☐ Student's Bathroom ☐ Kitchen ☐ Family Room ☐ Laundry ☐ Other ☐

Student Accommodations

Will student have own bedroom? Yes ☐ No ☐ If no, shared with _____

Will student have own bathroom? Yes ☐ No ☐ If no, shared with _____

Student Accommodations (Checked boxes that describe student accommodations)

☐ Has own bedroom
☐ Shares bedroom with _____ (e.g. Host brother, host sister, etc.)
☐ Has separate bed, not convertible, not inflatable
☐ Has adequate storage space for clothes and personal belongings
☐ Has study space in bedroom or elsewhere in the house
☐ Has reasonable access to bathroom facilities
☐ Shares bathroom with _____ (e.g. Host brother, host sister, etc.)
☐ Has unimpeded access to the outside of the house in the event of a fire or similar emergency

Host Family Interview (Check questions asked and comment as appropriate)

☐ 1. Describe your family's life – work, activities, schedules, etc. – for both children and adults.

☐ 2. How will student's transportation needs be handled – getting to and from school, etc.?

☐ 3. What special family activities or trips were already planned for this period? Would the student participate?

☐ 4. Have you hosted a student before? What was your experience?

☐ 5. Would the student occupy the room of a family member who is away? What if they return?

Verification

Host Father Name (Type or print)	Host Father Signature
Host Mother Name (Type or print)	Host Mother Signature

Date of In-home Interview	Certified Local Coordinator (Type or print)	LC Signature
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