

Culver City Sister City Committee

HOST FAMILY APPLICATION – Date of Exchange: _____

Uruapan, Mexico Kaizuka, Japan Iksan City, So. Korea Lethbridge, Canada Capo d'Orlando, Italy

The information requested is required of all applicant families and is used to assist in the selection of host family's representative of our community. Only one application per family or household is needed.

Name of hosting student/adult: _____

HOST FAMILY INFORMATION		Host Family Photo (will not be returned)	
Family Name:			
Address:			
City:	State:		
Zip:	County:		
Home Telephone: ()			
Email Address:			
Adult/Parent's Name:	Age:		
Adult/Parent's Name:	Age:	Occupation:	Work/Cell Telephone: ()

OTHERS LIVING IN HOST'S HOME

Name	Sex	Age & Grade	Guests	Hobbies/Interests

For Student Exchanges: If parents work outside the home, who will assume responsibility when parents are away? _____

Describe family interests: _____

NEW: Hosts, Chaperones and adults in regular contact with visiting students will require background checks.

Details will be provided.

Check the boxes that apply to your household:

- Smoking
 Non-smoking
 Smoking forbidden
 Detached house
 Trailer home
 Apartment
 Other/ (describe):
 No pets in house
 Cat(s) in house
 Dog(s) in house
 Other pets in house:

Are there any special health considerations in the family? Yes No If yes, please explain: _____

PREFERENCES for CURRENT and FUTURE EXCHANGE STUDENTS and ADULTS

NOTE: Dates vary annually. Please check all types of exchange students/chaperons/adult guests your family would like to host and state time frame.

___ Ages 13-18 from: ___/ ___, 20___ (currently 10 days in March) Kaizuka, Japan, Capo d’Orlando (pending)

___ Ages 13-18 from: ___/ ___, 20___ (currently 10 days in July/August) Iksan City, So. Korea Lethbridge, Canada (pending)

Prefer: Male Female Either is acceptable

___ Adult leader/chaperone for approximately two weeks in July or August

Prefer: Male Female Either is acceptable

___ Adult/Family Official Exchange visit

Prefer: Male Female Either is acceptable

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

Describe the sleeping accommodations you can provide for an exchange student/chaperone or other adult visitor. (Rooms/beds available,etc.)_____

WE UNDERSTAND/CONFIRM

(Please initial each statement)

- If selected as a host family, our family will be expected to treat the exchange student (or adult guest) as one of the family members, and we will make a conscious effort to include the visitor in all family activities. _____
- No special arrangements are expected for entertaining or traveling with the visitor. The program emphasizes the experience of normal family life. _____
- CCSCC will provide an orientation session and orientation materials. If provided, we are expected to read the information and familiarize ourselves with this material in preparation for this exchange. If an orientation for host families is held, we are required to attend. _____
- All applicants will receive notification of selection as soon as possible by CCSCC Chairperson. Selection is based on references, application, and ability to closely match participants and families. _____
- Our family must be flexible, patient, and willing to communicate both verbally and non-verbally while hosting a person from another country. _____
- No member of our immediate family has ever been arrested or convicted for child abuse, drug abuse, or any other criminal offense. _____
- All family members should make sure that the visitor feels comfortable around friends and feels included in activities. _____
- We will contact the international exchange coordinator immediately if illness or other problems occur. _____
- We agree to and will submit to the required background check. _____
- Confirm all members of the household are vaccinated for COVID. _____

Parent Signature : _____ Date :

Parent Signature : _____ Date :

Host Student Signature: _____ Date:

Please list three other people who can be contacted as references (not family members or relatives):

1. Name: _____ Telephone: _____

Address: _____

Or, email address _____

2. Name: _____ Telephone: _____

Address: _____

Or, email address _____

3. Name: _____ Telephone: _____

Address: _____

Or, email address _____

Culver City Sister City Committee, Inc.
P. O. Box 1072 Culver City, California 90232
E-mail: info@culvercitysistercity.org www.culvercitysistercitycommittee.org