

Welcome to the 2020 Ohio 4-H International Program!

ALL host family applicants must complete this NEW application, even if you have hosted in the past. Thank you!

IMPORTANT! READ BELOW BEFORE COMPLETING APPLICATION:

- You must use a desktop or laptop computer
- You CANNOT use a tablet or mobile phone (i.e., no iPads, iPhones, Android devices, etc.)
- You need "Adobe Reader" on your computer to complete this application. If you do not have it, download it here, safe and free: <https://get.adobe.com/reader/>
- You must **FIRST** SAVE this document to your computer with a new name (for example: "Smith Host Family Application").
If you do not save it to your computer first, the information you enter will be lost when you submit!
- Click on each box and enter requested info.
- SAVE frequently!

Email the following to: thalheimer.1@osu.edu

1. **Application** (as an attachment)
2. **Photos** (as attachments - see last page for directions)
3. **Photo Captions** - include these in the body of your email.





STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS 2020 HOST FAMILY APPLICATION – OHIO

Instructions (also found on previous page): First, save this Adobe fillable form to your computer. Then, left click on each box and type in info. Save frequently. Email the document to: thalheimer.1@osu.edu.

HOST FAMILY INFORMATION			(FOR 4-H OFFICE USE ONLY)		
FAMILY'S LAST NAME			ORGANIZATION		
STREET ADDRESS			NAME		
CITY	STATE OH	ZIP	ID CODE		
COUNTY	MAIN HOST SIB T-SHIRT Size (Adult):		DATE of BIRTH	GENDER	AGE
MAILING ADDRESS (if different)			Adult hosting dates:		
HOME PHONE		MAIN HOST SIBLING CELL			
ADULT # 1 NAME		CELL PHONE	Relationship to Delegate (eg. host mom)		BIRTHDATE
EMAIL:					
HOBBIES/INTERESTS/PERSONALITY		WORK PHONE	EMPLOYER		OCCUPATION
ADULT # 2 NAME		CELL PHONE	Relationship to Delegate (eg. host mom)		BIRTHDATE
EMAIL:					
HOBBIES/INTERESTS/PERSONALITY		WORK PHONE	EMPLOYER		OCCUPATION
EMERGENCY CONTACT		CELL PHONE	RELATIONSHIP to Family		

OTHER FAMILY MEMBERS & **REGULAR** OVERNIGHT ADULT GUESTS IN HOME during **HOMESTAY**- List main host sibling first, next to "X"

"X"	NAME	GENDER	BIRTH DATE	GRADE	AGE (as of 7/31/2020)	Hobbies/Interests/Personality
X Main host						

**If needed there is additional space on page 2 to continue the above list*

Please list any amenities which an exchangee could use in your home:

☐ Ping-Pong table ☐ Piano ☐ Basketball hoop ☐ Swimming pool

Other: _____

Family interests during the summer: _____

Do you have any indoor pets? ☐ Yes ☐ No If yes, what animals & how many? _____

Farm and/or Outdoor Animals: _____

Type of Community: ☐ Urban ☐ Suburban ☐ Small Town ☐ Rural Non-Farm ☐ Farm

of acres and type of crop(s) if applicable: _____

Do any adults in the home serve as 4-H Advisors? ☐ No ☐ Yes: Name(s) _____

If both parents work outside the home, who will assume responsibility when both parents are away? _____

HOST SIBLING INTERESTS (To make the best match possible, please provide additional information about the hosting sibling.)

Name of the **main** hosting sibling: _____

What activities do you enjoy?

- ☐ Studying ☐ Shopping ☐ Walking ☐ Camping ☐ Tennis ☐ Swimming
☐ Singing ☐ Cooking ☐ Music ☐ Sports Type of Sports: _____
☐ Other: _____

Your Personality Characteristics:

- ☐ Tidy ☐ Curious ☐ Shy ☐ Emotional ☐ Cheerful ☐ Quiet ☐ Patient
☐ Talkative ☐ Laugh a lot ☐ Sociable ☐ Tolerant ☐ Serious ☐ Other: _____

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 music do you enjoy?

- ☐ Classical ☐ Disco ☐ Show Tunes ☐ Popular ☐ Folk ☐ Country & Western
☐ Jazz ☐ Rock ☐ Rap ☐ Alternative ☐ Other: _____

TYPE OF HOME

- ☐ Single family house ☐ Condo ☐ Duplex ☐ Apartment ☐ Mobile Home ☐ Other: _____
☐ Smoking household ☐ Non-smoking household ☐ Smoking forbidden in our household

What languages are spoken in your home? _____

Do you have a home-based business? ☐ Yes ☐ No

If yes, please describe: _____

Why does your family want to host? _____

ADDITIONAL INFORMATION

Is anyone in your family currently a 4-H club member? ☐ Yes ☐ No

Has your family ever been involved in 4-H? ☐ Yes ☐ No

How did you learn about hosting with the 4-H Program? _____

Has your family hosted an exchange student before? ☐ Yes ☐ No

If "yes," name of organization(s): _____ When? _____

Country(s): _____ How long? _____

Does anyone in the family follow dietary restrictions? ☐ Yes ☐ No

If yes, please describe: _____

Would you expect the delegate to also follow these dietary restrictions? ☐ Yes ☐ No

Would you be able to host a delegate who follows a dietary restriction (vegetarian, no pork, etc.)? ☐ Yes ☐ No

If yes, please describe: _____

Is your family financially able to provide the student a bed, three meals a day + snacks as necessary, and any family activities you may choose to do for the duration of the program?

☐ Yes ☐ No

Optional: What is your family's religious affiliation, if any? _____

Optional: How often do you attend religious services? _____

Are there any physical, developmental or psychological health conditions in your family of which a delegate would need to be aware (ex: physical disability, Down syndrome, hearing loss, ADD/ADHD, Autism, etc.)? _____

Is there any additional information about your family which you would like to include on this application?

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

If our first choice is unavailable, we will accept someone who is a different age: ☐ Yes ☐ NO A different gender: ☐ Yes ☐ NO

Japanese Youth (ages 12 -16) for **1 Month** (July 23 to August 17)

[Families must have their own child of same gender & approx. age]

☐ Male ☐ Female ☐ Either

Age Preference: _____

Japanese Chaperone: "Older Youth" or "Adult" (ages 18 - 60) for **2 Weeks** or **1 Month** in late July or August

Gender Preference: ☐ Male ☐ Female ☐ Either

Age Preference: ☐ 18-22 (Older Youth) ☐ 30-60 (Adult) ☐ Either

Date Preference: ☐ July 23-August 4 ☐ August 4-17 ☐ Either ☐ Both (July 23-August 17)

Continued from page 1 if needed: OTHER FAMILY MEMBERS AND REGULAR OVERNIGHT ADULT GUESTS IN HOME DURING HOMESTAY

NAME	GENDER	BIRTHDATE	GRADE	AGE (as of 7/31/20)	Hobbies/Interests/Personality

REFERENCES:

List 3 individuals (non-relatives) who can be contacted. If you are in 4-H, one must be your 4-H Educator or Advisor. **If you are not in 4-H, include someone from your school, church or a community group you belong to. Be sure to include valid phone and EMAIL. Your application will be returned if the information below is not complete! Thank you!**

Name: _____ **Relationship:** _____

Mobile Phone: _____

Email Address
(Required!): _____

Name: _____ **Relationship:** _____

Mobile Phone: _____

Email Address
(Required!): _____

Name: _____ **Relationship:** _____

Mobile Phone: _____

Email Address
(Required!): _____

WE UNDERSTAND/CONFIRM (Parent(s) and host sibling, please type or print initials)

_____ If selected as a host family, our family will treat the delegate as a family member.

_____ All family members, **especially the host sibling**, will make sure that the delegate feels comfortable around our friends and is included in our activities.

_____ **The host sibling** will limit use of technology during the homestay (1 hour of screen time daily) so that face-to-face communication is primary. Exchange youth are under the same limit. **Host Parents** will also limit screen time as much as possible when in presence of delegate to increase face-to-face communication.

_____ 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.

_____ Orientations will be held around OH and orientation materials will be sent to us. We will read the information and familiarize ourselves with it in preparation for the exchange. We are **required to attend an orientation** if we did not attend one last year or if this year's host sibling is different than last year's.

_____ We will receive notification of selection as soon as possible, usually in mid-May. We understand that selection is based on references, application, in-home interview(s) which may or may not be announced, and criminal background checks, as well as a need to make the best matches with delegates and families. We will receive information about whether or not we need background checks after submitting this application.

_____ We are expected to attend one mid-point activity during the homestay. These are offered around the state on various dates and a list will be provided. If a mid-point is held close to us, we will make every effort to attend that one, since our exchange youth's adult chaperone will be in attendance.

_____ We will be flexible, patient and able to communicate both verbally and non-verbally while hosting.

_____ We will contact the State Coordinator or local volunteer ICC immediately if illness or a problem/concern is evident. We understand and accept that in certain instances a delegate must be removed from a home after placement.

_____ If our family owns guns, they must be locked and kept out of sight during the homestay. (A visible but locked gun cabinet is permissible.)

_____ We will contact the State Coordinator or local volunteer ICC immediately if any of the following occur after the date of our application or while we are serving as a host family:

- We move to a new address
- Our household composition changes (e.g. a new person begins living in our home, or a current resident leaves the home).
- Our financial and/or employment situation changes,
- Any member of our households is arrested for a crime.

_____ No member of our family has ever been convicted of a felony of any kind, a crime involving substance abuse, a crime of violence, a sexual crime, or any type of crime against a minor.

If you are unable to initial the last blank, please enter your comments here and we will follow up:

If submitting this application electronically, your typed name in BOTH the "Parent Name" AND the "Signature" boxes below will serve as your actual signature:

Parent Name: _____ Signature: _____ Date: _____

State 4-H
Coordinator Name: Mary Lynn Thalheimer Signature: Mary Lynn Thalheimer Date: _____

DEMOGRAPHIC INFORMATION

Race/Ethnicity, **optional** (used for statistical purposes only):

Ethnicity (please indicate the **number** (eg. **3**) of individuals in your home for which each category applies):

_____ Hispanic _____ Not Hispanic

Race (please indicate the number of individuals in your household for which each category applies):

_____ American Indian/Alaskan Native _____ Asian _____ Black/African-American

_____ Hawaiian/Pacific Islander _____ White _____ Two or more races

_____ Other: _____



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS

HOST FAMILY MEDIA AND LIABILITY RELEASE

MEDIA RELEASE

We give our consent to authorize States' 4-H International (Board, staff and volunteers), partner Land Grant Institutions (their personnel and volunteers), and any entity or person authorized or designated by them, the use and reproduction of any and all photographs, audio, video or film taken during program activities for the purpose of program promotion or publicity of the organization. We understand there will be no compensation for us. All digital media files, prints, audio, video or film are the property of the States' 4-H International or the entity or person authorized or designated by it, solely and completely. We also waive any right to inspect or approve any photo, audio, video or film taken during the program. We affirmatively release and discharge States' 4-H International (Board, staff and volunteers) and partner Land Grant Institutions (their personnel and volunteers) from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, video or film taken of our family members during the program.

LIABILITY RELEASE

We, the undersigned, understand that participation in States' 4-H International programs includes certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. We hereby release States' 4-H International (Board, staff and volunteers) and partner Land Grant Institutions (their personnel and volunteers), from all claims, demands, and causes of action of any kind, including claims of negligence, which may arise from participation of us or our minor child in any States' 4-H International sponsored activity, and this release is specifically granted in consideration of the services, programs and activities provided by States' 4-H International.

We, the host parents, certify that all information provided in the Host Family Application is correct and complete. We also understand that any changes in the information provided in the application must be reported to our 4-H state coordinator immediately. We understand that withholding information and/or providing incorrect information and/or not reporting changes after the application is submitted are grounds for possible termination from the program.

This agreement covers the period from the time our delegate arrives in the U.S. until he/she departs.

The signature of the undersigned host parents indicates a complete understanding of the above *Media Release* and *Liability Release* and a willingness to abide by said *Media Release* and *Liability Release*.

If submitting this application electronically, your TYPED name in BOTH the "Signature" AND "Print Name" boxes below will serve as your actual signature:

Signature (Adult #1) _____ Print Name: _____ Date: _____

Signature (Adult #2) _____ Print Name: _____ Date: _____

PHOTOS: 1-2 Family Photos are required. We will design your photo page to look like this one. **Please email your photos as attachments,** along with your application or separately. Identify family members within the body of your email. Send to: thalheimer.1@osu.edu

Description: _____

Description: _____