



HOST FAMILY APPLICATION

Please print

Section 1: Primary Host Parent(s)

This section is for the applicant as well as the spouse or partner living with the primary host parent, when applicable. We will require the names of each adult (anyone over the age of 18) living in the home. This information guarantees to the student's parents that we have thoroughly screened their host family. All collected information is confidential.

Host Parent 1

First Name: Last Name:
Occupation:
Driver's License #: State of Issue:

Host Parent 2 (optional)

First Name: Last Name:
Occupation:
Driver's License #: State of Issue:

Section 2: Other Adults Living in the Home

Please list adults (age 18 or older) other than primary host parent(s) living in the home.

Adult 1

First Name: Last Name:
Occupation:
Driver's License #: State of Issue:

Adult 2

First Name: Last Name:
Occupation:
Driver's License #: State of Issue:

If you have additional adults living in your home, please use the back of this page to include their name, occupation, and driver's license number/state of issue.

Section 3: Contact Information

Home Address:

Mailing Address (if different):

Phone:

Email:

Section 4: Children Living in the Home

Please include information about any children that you have living in your home. This is helpful for us to make compatible matches with our students.

Child's Name	Age	Sex	Interests/Hobbies

Section 5: About Your Family

What type of housing do you reside in (single family home, apartment, etc.)?

Primary language spoken at home:

Other languages spoken at home:

Religious affiliation (if any):

Does your family follow any dietary observances or restrictions? If yes, please explain:

Do you have any pets living in the home? If yes, what type and how many?

Will the student have their own bedroom? If not, please list which child the student will share a room with:

Does your home have internet access?

Do you allow alcohol in your home?

Does your home have working smoke and carbon monoxide detectors?

Does anyone in your household smoke? If yes, do they smoke inside or outside?

Is there any history of drug or alcohol abuse for any household member? If yes, please explain:

Is there any history of chronic physical or mental illness for any household member? If yes, please explain:

Has any household member been arrested or convicted of any criminal offense? If yes, please explain:

Has any household member ever been charged with or accused of sexual misconduct of any type? If yes, please explain:

Please include any additional information that you would like for us to know about your family:

Section 6: Student Preferences

In this section we are asking for any information regarding preferences that you have for the student that you are hosting. This helps us to make more compatible matches.

Have you hosted an international student before? If yes, what country(ies) were they from?

Do you have a preference for the age or gender of the student? If so, what are they?

Do you have a preference for which country/region the student is from? If yes, please explain:

Please include any additional preferences you have for the student that you host:

Section 7: References

Please give us 3 references to whom you are not related below.

Reference 1:

Name:

Email Address: Phone Number:

Reference 2:

Name:

Email Address: Phone Number:

Reference 3:

Name:

Email Address: Phone Number:

Section 8: Final Agreement

I attest that the information provided herein is true and accurate. I have read the HOST FAMILY INFORMATION PACKET, understand the rules and guidelines to follow including student rules, and understand my responsibility with respect to hosting an international student.

By signing below, I agree to follow the requirements to host an international student and will follow them as outlined in the HOST FAMILY INFORMATION PACKET. I have read the said documents and agree with their content.

I further agree to follow all specified rules applicable to monetary affairs, exchange, and transactions as specified in the HOST FAMILY INFORMATION PACKET.

Furthermore, I understand that if any situation arises and the student does not work out in my home, should such circumstance(s) occur, I will be paid fully for the month or portion thereof. I understand any problems I may encounter with student(s) should be addressed with the student in an effort to resolve any problems and/or contact the Superintendent of Millinocket School Department and the International Program Coordinator for support.

ALL ADULT HOUSEHOLD MEMBERS NEED TO SIGN.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Section 9: Background Check Waiver

Background Check Waiver (this section is filled out by hand)

It is the policy of the Millinocket School Department to conduct a criminal background check on all potential host families. Please have all adults (age 18 and over) sign below.

I understand that the name and birthdate I have voluntarily provided will be used solely for the purpose of a background check. It will not be used for any other reason. If I wish to challenge the background check, I have the right to contact the State Bureau of Investigation at 207.624.7240 to exercise my "Right to Access and Review" my criminal history as outlined in Title 16 §620.

Adult 1:

Full Name (please print)

Birthdate

Any Other Name Used (including maiden name)

Signature

Date

Adult 2:

Full Name (please print)

Birthdate

Any Other Name Used (including maiden name)

Signature

Date

Adult 3:

Full Name (please print)

Birthdate

Any Other Name Used (including maiden name)

Signature

Date