# HOST FAMILY APPLICATION

**Southeast Asia Youth Leadership Program 2016**  
**Center for Southeast Asian Studies**  
**Northern Illinois University**

## HOST FAMILY INFORMATION

<table>
<thead>
<tr>
<th>Family Name(s):</th>
<th>Address:</th>
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<table>
<thead>
<tr>
<th>City:</th>
<th>ZIP:</th>
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<table>
<thead>
<tr>
<th>Home Telephone:</th>
<th>Cell Phone:</th>
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<table>
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<tr>
<th>Email Address:</th>
<th>Gender:</th>
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<tr>
<th>Guardian 1: Name:</th>
<th>Occupation:</th>
<th>Work Telephone:</th>
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<th>Guardian 2: Name:</th>
<th>Occupation:</th>
<th>Work Telephone:</th>
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## SEAYLP-2016 YOUTH/ADULT LEADER

(For Office Use Only)

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<th>Name:</th>
<th>Gender:</th>
<th>Age:</th>
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## ALL OTHERS IN HOME*

<table>
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<tr>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Hobbies/Interests</th>
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*Any person over the age of 18 must consent to a criminal background check*

Describe family interests and activities: ____________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  

Check boxes that apply to your household:

- [ ] Smoking  
- [ ] Non-smoking  
- [ ] Smoking forbidden  
- [ ] Smoking allowed outside near home (i.e., patio, garage)

- [ ] Single-family home  
- [ ] Apartment  
- [ ] Other (describe): ________________________________________________________

- [ ] No pets in house  
- [ ] Cat(s) in house  
- [ ] Dog(s) in house  
- [ ] Other pets in house: ____________________________
If you have a dog, describe your dog (e.g., breed, size, temperament)
______________________________________________________________________________________________________________________________
Choose all that apply to your dog or cat:
___ Pet has free roam of the house.
___ Pet is in the house, but kept out of bedrooms.
___ Pet is kept in a specific room of the house when allowed inside.
___ Pet is kept outside.
Are there any special health considerations in the family? □ Yes □ No If yes, please explain: __________________________
______________________________________________________________________________________________________________________________
List dietary preferences or restrictions of your family: ____________________________________________________________
______________________________________________________________________________________________________________________________
Describe languages, other than English, spoken by family members living at home and skill level: __________________________
______________________________________________________________________________________________________________________________
Has your family hosted an international student before? □ Yes □ No
If “yes,” from what country: __________________________ When: __________________________
Name of program: __________________________________________________________
Why is your family interested in hosting an international student/adult? __________________________
______________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________
PARTICIPANT PREFERENCES (preference is to place students in pairs, adults may be placed as singles)
Please check types of youth/adult which your family would be interested in hosting:
Youth 15-17 years
_____ Number of youth

□ Male □ Female □ Either acceptable

Adult leader
_____ Number of adults

□ Male □ Female □ Either acceptable

Do you have a country preference?
□ No □ Brunei □ Burma/Myanmar □ Cambodia □ Indonesia □ Laos
□ Malaysia □ Philippines □ Singapore □ Thailand □ Vietnam
WE UNDERSTAND AND CONFIRM

• If selected as a host family, our family will be expected to treat the host youth/adult as a family member and include the host youth/adult in all family activities.

• No special arrangements are expected for entertaining or traveling with host youth/adult participants. The program emphasizes the experience of normal family life.

• The university will provide an orientation session and orientation materials. We are expected to familiarize ourselves with this material in preparation for this exchange. We understand that at least one family member is expected to attend the orientation meeting.

• All applicants will receive notification of selection as soon as possible by the university or Host Family Coordinator.

• Our family must be flexible 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 host youth/adult feels comfortable around friends and feels included in activities.

• We will contact the university or Host Family Coordinator immediately if illness or other problems arise.

Guardian Signature: __________________________________________ Date: __________

Guardian Signature: __________________________________________ Date: __________

Host sibling(s) signature(s), if any: __________________________________________ Date: __________

________________________________________ Date: __________

University/Host Family Coordinator signature: ________________________________ Date: __________

Please list two individuals, not family members or relatives, who can serve as a reference for your family.

Name: __________________________________________ Phone: __________________________

Name: __________________________________________ Phone: __________________________

Return forms to:
NIU Center for Southeast Asian Studies
520 College View Court
DeKalb, IL 60115

Liz Denius, Host Family Coordinator
(815) 753-1901 or e-mail edenius@niu.edu

Jan. 12, 2015