



ProAmerican Educational And Cultural Exchange

WORLD HEADQUARTERS - 40 WATER STREET - NEW PHILADELPHIA - PA - 17959
 TELEPHONE (570) 277-6621 - FAX (570) 277-0607 - EMAIL: PAZ@PEACE-INC.ORG

Attach photos of house and family and fax or email to office

Dates of Birth and Social Security numbers are needed from all in household members 18 or older for criminal background checks.

HOST FAMILY APPLICATION full-term [] temp []

Please answer all questions completely, use black ink, and print carefully.

www.peace-inc.org

STUDENT PREFERENCE M [] F [] EITHER [] WILLING TO HOST 1 STUDENT [] 2 STUDENTS []

FIRST & LAST NAMES OF FAMILY MEMBERS LIVING HOME	RELATIONSHIP	SMOKE	AGE	SEX	HOBBIES, SPORTS, INTERESTS, ACTIVITIES, CLUBS	FAVORITE SUBJECT	YRS OF EDUC.
MARITAL STATUS OF PARENTS/HOW LONG	SMALL CHILDREN'S NAMES, SEX, AGE	PETS IN THE HOUSE	PETS OUTSIDE HOUSE	WHICH RELATIVES LIVE NEARBY ?			
FUNCTIONING BUSINESS CONDUCTED AT RESIDENCE?	COMMUNITY INVOLVEMENT OF ANY FAMILY MEMBERS	SCHOOL INVOLVEMENT OF ANY FAMILY MEMBER AS BOOSTER, COACH, AIDE, ETC					
OWN [] RENT []	HOUSE [] APT [] TRAILER []	LOT: INNER CITY []	IN TOWN []	SUBURBAN DEVELOPMENT []	RURAL ROAD []	WOODED []	LAKE COMMUNITY [] ON FARM []
HOME TELEPHONES ()	DAD'S CELL PHONE: ()	MOM'S CELL PHONE ()					
E-MAIL	HEAD OF THE HOUSE OCCUPATION	WHAT DAYS	WHAT TIMES	SPOUSE'S OCCUPATION	WHAT DAYS	WHAT TIMES	
PHYSICAL ADDRESS	EMPLOYER	EMPLOYER					
PO BOX OR OTHER MAILING ADDRESS	BUSINESS CITY & STATE	BUSINESS CITY & STATE					
CITY STATE ZIP	BUSINESS TELEPHONE ()	FAX	BUSINESS TELEPHONE ()	FAX			
COUNTY	POPULATION	CITY OR REGIONAL WEBSITE	NEAREST AIRPORT	ALTERNATE AIRPORT	HOW DID YOU HEAR ABOUT PEACE?		
SCHOOL TO BE ATTENDED BY STUDENT	PUBLIC [] PRIVATE [] # STUDENTS:	PHONE	CHURCH YOUR FAMILY ATTENDS			REGULARLY INFREQUENTLY []	
ADDRESS	STATE	ZIP	DENOMINATION	CITY/STATE			
PRINCIPAL EMAIL	GUIDANCE EMAIL	PASTOR/PRIEST: EMAIL			PHONE NUMBER		
STUDENT WILL HAVE OWN ROOM []	STUDENT MUST SHARE WITH:	# BATHS:	# BEDROOMS:	AUTOS: YR/MAKE:			
FOREIGN LANGUAGES SPOKEN	BY WHOM [] FLUENT? [] HS ONLY	ORGANIZED SPORTS OR ACTIVITIES BY TEENS IN HOME			BY WHOM	PRACTICE DAYS & HOURS	
INTERESTING PLACES AND COUNTRIES VISITED AS A FAMILY.	PLACES YOU MIGHT TAKE A STUDENT			MUSICAL INSTRUMENTS IN THE HOME AND WHO PLAYS THEM			
FAMILY ACTIVITIES: [] TV/VIDEOS, [] INDOOR TABLE GAMES, [] YARD GAMES & PICNICS, [] SHOPPING & DINING OUT, [] MOVIES, CONCERTS, PLAYS, [] MUSEUMS, NATURAL WONDERS, ETC. [] CAMPING, HIKING, [] WATER SPORTS [] HUNTING, FISHING, [] ATTEND SPORTING EVENTS, [] WINTER SPORTS, [] BOWLING, [] TENNIS, [] HORSEBACK RIDING, [] MOTOR BIKE & ATV, [] CYCLING, [] CHURCH YOUTH & FAMILY PROGRAMS, [] FAIRS, AMUSEMENT PARKS, [] EXHIBITS (FLOWERS, COMPUTERS, ETC), ANIMAL SHOWS, OTHER:							
Do you have the financial ability to provide 3 daily meals for a new person in your home for up to five or ten months? [] Do you expect a student to follow any dietary restrictions? []							
Exchange students may not drive. How will student get to school? Bus [], Host Car [], Walk [] distance to school: After-school activities? Bus [], Host Car [], Walk []							
Is at least one parent home during the dinner hour?				Has your family been in contact with a coach/teacher/official regarding hosting a student of particular athletic ability?			
Will host transport student of different faith? [] Will host student with no religion but open to it? [] Will expect student to participate in family chores? [] in most family activities? []							
If any criminal history, sexual or substance abuse, school suspension, or other legal problems within the listed family members, document on our confidential security clearance form.							
If there is any disability, illness or emotional problem in this family that might negatively affect the hosting experience document with doctor & ph # on our security clearance form.							
PERSONAL REFERENCES KNOWING YOUR FAMILY WELL: FRIEND, NEIGHBOR, SCHOOL EMPLOYEE/BOARD MEMBER, A PARENT, IF SHARING CUSTODY							
NAME	NAME	NAME	NAME	NAME	NAME	NAME	NAME
TELEPHONE	TELEPHONE	TELEPHONE	TELEPHONE	TELEPHONE	TELEPHONE	TELEPHONE	TELEPHONE
CITY/STATE	CITY/STATE	CITY/STATE	CITY/STATE	CITY/STATE	CITY/STATE	CITY/STATE	CITY/STATE
Relationship: friend (not program rep)	Relationship: neighbor	position with school:			list x-spouse here if child custody is split		
We feel that our family has both the ability and the desire to make the effort necessary to overcome problems in communications and cultural differences in order to absorb a new member into our home and family. We understand and acknowledge by our signature that P.E.A.C.E., Inc. maintains Jurisdiction over all aspects of the program. Since P.E.A.C.E., Inc. has full responsibility for the students welfare, in the event of any dispute or problem Between the student and our family, P.E.A.C.E., Inc. retains the right to remove the student from our home at any time, or take other action as deemed Necessary. I authorize any social service, police, or other government agency, medical facility, employer, school or the above personal references to release information held on me or any resident of my household, which may reflect on our qualifications to host a P.E.A.C.E. foreign exchange student.							
Signature of head of household who will host student				Signature of other parent [] or guardian [] sharing hosting of student			Date