



# Rotary District 5520 Youth Exchange

## Host Family Application / Affidavit

### Host Father

CBC / VeriFYI \_\_\_\_\_ Date \_\_\_\_\_

#### Personal Information / Host Father

Full Name: (Last) (First) (Middle)				Date	
Address:					
City:				State	
Zip					
Social Security No (REQUIRED):					Gender: M <input type="checkbox"/> / F <input type="checkbox"/>
Ethnicity: African Amer. Anglo Asian Hispanic Native Amer. Other (CIRCLE ONE)					
Home # ( )		Business # ( )		Fax # ( )	
Cell # ( )		Date of Birth (yyyy/mm/dd)		Email address	
Foreign Language		Country of birth:		Drivers License (only upon request):	
				State DL issued	
Are you a Rotary Member?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, club name and District #
Organizations / clubs?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list all past & current
Have you ever been convicted of or plead guilty to any crime(s)?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe in full. Include date(s) of crime(s) and in which country and state each took place. (Attach separate sheet if necessary)
Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order			YES <input type="checkbox"/>	NO <input type="checkbox"/>	

#### Personal References

*Please list **three** personal references (not relatives and not more than one former or current Rotarian)*

Full Name:		Relationship:			
Address, City State, Zip					Phone: ( )
Full Name:		Relationship:			
Address, City State, Zip					Phone: ( )
Full Name:		Relationship:			
Address, City State, Zip					Phone: ( )

#### Employment History ( 5 years – please attach additional sheets, if necessary )

Current:		Phone: ( )			
Address, City State, Zip		Supervisor:			
Previous:		Phone: ( )			
Address, City State, Zip		Supervisor:			

Please tell us your main reason for wishing to participate in the Rotary Youth Exchange Program. (Please attach additional sheet if necessary)



# Rotary District 5520 Youth Exchange

## Host Family Application / Affidavit

### Host Mother / Partner

CBC / VeriFYI \_\_\_\_\_ Date \_\_\_\_\_

**Personal Information / Host Mother - Partner**

Full Name: (Last)		(First)		(Middle)		Date
Address:						
City:				State	Zip	
Social Security No (REQUIRED):					Gender M <input type="checkbox"/> / F <input type="checkbox"/>	
Ethnicity: African Amer. Anglo Asian Hispanic Native Amer. Other (CIRCLE ONE)						
Home # ( )		Business # ( )		Fax # ( )		Cell # ( )
Date of Birth (yyyy/mm/dd)		Email address			Drivers License (only upon request):	
Foreign Language		Country of birth:			State DL issued	
Are you a Rotary Member?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, club name and District #		
Organizations / clubs?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list all past & current		
Have you ever been convicted of or plead guilty to any crime(s)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe in full. Include date(s) of crime(s) and in which country and state each took place. (Attach separate sheet if necessary)		
Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order		YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____		

**Personal References**

*Please list **three** personal references (not relatives and not more than one former or current Rotarian)*

Full Name:		Relationship:	
Address, City State, Zip		Phone: ( )	
Full Name:		Relationship:	
Address, City State, Zip		Phone: ( )	
Full Name:		Relationship:	
Address, City State, Zip		Phone: ( )	

**Employment History ( 5 years – please attach additional sheets, if necessary )**

Current:		Phone: ( )
Address, City State, Zip		Supervisor:
Previous:		Phone: ( )
Address, City State, Zip		Supervisor:

Please tell us your main reason for wishing to participate in the Rotary Youth Exchange Program. (Please attach additional sheet if necessary)



# Rotary District 5520 Youth Exchange

## Host Family Application / Affidavit

### Household

#### Volunteer History with Youth - Host Father (please attach additional sheets, if necessary)

Organization Name		Director's Name		
Address		City	State	Zip
Telephone		Position	Dates Held	
<b>Previous</b> Organization Name		Director's Name		
Address		City	State	Zip
Telephone		Position	Dates Held	

#### Volunteer History with Youth - Host Mother - Partner (please attach additional sheets, if necessary)

Organization Name		Director's Name		
Address		City	State	Zip
Telephone		Position	Dates Held	
<b>Previous</b> Organization Name		Director's Name		
Address		City	State	Zip
Telephone		Position	Dates Held	

#### Prior Residence: (If less than five years at current residence)

Prior Address:		How Long at this address?		
City		State:	Zip / Postal Code:	

Have you been a Host Family in the past?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, where and when:
Do you have pets inside your home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list all types:
Have any Family members traveled abroad? If so, tell us whom and where they traveled.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Name and Address of School student will attend:			
Family Hobbies / Special Interest:			

#### List children and others living in home full or part-time (please attach additional sheets, if necessary)

Name	Gender	Age	Name	Gender	Age

#### Please tell us your preferences:

<b>Academic Year</b> (Host 3 – 4 months)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>Short Term</b> (Host 3 – 6 weeks)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Would you Prefer</b>	Boy <input type="checkbox"/>	Girl <input type="checkbox"/>	Either <input type="checkbox"/>	<b>Do you have a preference when you would like to host?</b>	
			Fall <input type="checkbox"/>	Winter <input type="checkbox"/>	Spring <input type="checkbox"/>
			Summer <input type="checkbox"/>		
<b>Will the student share a bedroom?</b>			YES <input type="checkbox"/>	NO <input type="checkbox"/>	<b>If yes, with whom?</b>



# Rotary District 5520 Youth Exchange Affidavit

HOST FATHER / MOTHER - PARTNER

Rotary District 5520 is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, Rotarians' spouses, partners, Host Families and any other volunteers to safeguard to the best of their ability the welfare of and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact.

### WAIVER / CONSENT/ RELEASE

I certify that all of the statements in this affidavit, and in any attachments hereto, are true and correct to the best of my knowledge. I also certify that I have not withheld any information that would affect this affidavit unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration for any volunteer position with the **Rotary District 5520** Youth Exchange program or its affiliates. I further certify that I understand that **Rotary District 5520** Youth Exchange program's intent is to deny a position to anyone convicted of a crime of violence or a crime against another person.

I hereby authorize **Rotary District 5520** Youth Exchange, VERIFYI and/or its Service Provider to request and receive any and all background information about/concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the **Fair Credit Reporting Act, 15 U.S.C 1681**, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers. The Fair Credit Reporting Act states that any access to credit history must be disclosed to the applicant. **The background check program verifies the Name, SS# (upon request) and DOB** with the Credit Bureau Equifax, therefore the Fair Credit Reporting Act rules apply. **This search will NOT access or disclose ANY financial history or personal information not applicable to the criminal history report.** I understand that this information will be used to determine my eligibility for a volunteer position with the **Rotary District 5520** Youth Exchange program. I also understand that as long as I remain a volunteer with **Rotary District 5520** Youth Exchange, the criminal history records check may be repeated as deemed necessary. I understand that I will have an opportunity to review the criminal history report and that there is a procedure available for clarification, if I dispute the record as received.

I waive any right to assert that such an investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved in the **Rotary District 5520** Youth Exchange program, and I fully consent to such investigations.

IN CONSIDERATION of my acceptance and participation in the Youth Exchange program, I, to the full extent permitted by law, hereby release and agree to save, hold harmless and indemnify, all members, officers, directors, committee members and employees of the participating Rotary Clubs and Districts, and of Rotary International ("Indemnities"), from any or all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence of any of the Indemnities, which may be suffered or claimed by me as a result of an investigation of my background in connection with this affidavit or participation in the Youth Exchange program.

I further agree to conform to the rules, regulations, and policies of Rotary International, the **Rotary District 5520** Youth Exchange program and its affiliates, and understand that my service can be modified or terminated, with or without notice or cause, at any time, at the option of either the **Rotary District 5520** Youth Exchange program or its affiliates, or at my option. I understand and agree that the **Rotary District 5520** Youth Exchange program or its affiliates may, in their sole discretion, decline to accept my application for volunteer services with or without cause.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE AFFIDAVIT, WAIVER, CONSENT AND RELEASE, AND THAT I SIGN THIS FORM VOLUNTARILY.**

Signature of Applicant (Host Father)

Print (Host Fathers name)

Date

Signature of Applicant (Host Mother-Partner)

Print (Host Mother-Partner name)

Date

In-home Interview conducted by:	Date:	Host Father Initial	
		Host Mother Initial	
Rotary Club Youth Exchange Action taken	Accepted Host 1 / 2 / 3	NO <input type="checkbox"/>	Date:
Notice sent to applicant	YES <input type="checkbox"/>	Date:	



# Rotary District 5520 Youth Exchange

## Host Family Member / Affidavit

Addendum(s) 18 years or older

CBC / VeriFYI \_\_\_\_\_ Date \_\_\_\_\_

<b>Host Family Applicant</b>		<b>Relationship to Applicants household</b>	
<b>Personal Information / Host Family Member – Completed for each additional adult (18 years or older) living full or part-time in the home of the applicant (s)</b>			
Full Name: (Last) (First) (Middle)			Date
Address:			
City:		State	Zip
Social Security No (REQUIRED):			Gender: M <input type="checkbox"/> / F <input type="checkbox"/>
Ethnicity: African Amer. Anglo Asian Hispanic Native Amer. Other (CIRCLE ONE)			
Home # ( )	Business # ( )	Fax # ( )	Cell # ( )
Date of Birth (yyyy/mm/dd):	Email address		Drivers License (only upon request): State DL issued
Foreign Language	Country of birth:		
Are you a Rotary Member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, club name and District #
Organizations / clubs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list all past & current
Have you ever been convicted of or plead guilty to any crime(s)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe in full. Include date(s) of crime(s) and in which country and state each took place. (Attach separate sheet if necessary) _____ _____ _____
Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Personal References</b>			
<i>Please list <b>three</b> personal references (not relatives and not more than one former or current Rotarian)</i>			
Full Name:	Relationship:		
Address, City State, Zip	Phone: ( )		
Full Name:	Relationship:		
Address, City State, Zip	Phone: ( )		
Full Name:	Relationship:		
Address, City State, Zip	Phone: ( )		
<b>Employment History ( 5 years – please attach additional sheets, if necessary )</b>			
Current:	Phone: ( )		
Address, City State, Zip	Supervisor:		
Previous:	Phone: ( )		
Address, City State, Zip	Supervisor:		



# Rotary District 5520 Youth Exchange

## Host Family Member 18 years or older Affidavit

Rotary District 5520 is committed to creating and maintaining the safest possible environment for all participants in Rotary activities. It is the duty of all Rotarians, Rotarians' spouses, partners, Host Families and any other volunteers to safeguard to the best of their ability the welfare of and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact.

### WAIVER / CONSENT/ RELEASE

I certify that all of the statements in this affidavit, and in any attachments hereto, are true and correct to the best of my knowledge. I also certify that I have not withheld any information that would affect this affidavit unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration for any volunteer position with the **Rotary District 5520** Youth Exchange program or its affiliates. I further certify that I understand that **Rotary District 5520** Youth Exchange program's intent is to deny a position to anyone convicted of a crime of violence or a crime against another person.

I hereby authorize **Rotary District 5520** Youth Exchange, VERIFYI and/or its Service Provider to request and receive any and all background information about/concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the **Fair Credit Reporting Act, 15 U.S.C 1681**, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers. The Fair Credit Reporting Act states that any access to credit history must be disclosed to the applicant. **The background check program verifies the Name, SS# (upon request) and DOB** with the Credit Bureau Equifax, therefore the Fair Credit Reporting Act rules apply. **This search will NOT access or disclose ANY financial history or personal information not applicable to the criminal history report.** I understand that this information will be used to determine my eligibility for a volunteer position with the **Rotary District 5520** Youth Exchange program. I also understand that as long as I remain a volunteer with **Rotary District 5520** Youth Exchange, the criminal history records check may be repeated as deemed necessary. I understand that I will have an opportunity to review the criminal history report and that there is a procedure available for clarification, if I dispute the record as received.

I waive any right to assert that such an investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved in the **Rotary District 5520** Youth Exchange program, and I fully consent to such investigations.

IN CONSIDERATION of my acceptance and participation in the Youth Exchange program, I, to the full extent permitted by law, hereby release and agree to save, hold harmless and indemnify, all members, officers, directors, committee members and employees of the participating Rotary Clubs and Districts, and of Rotary International ("Indemnities"), from any or all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence of any of the Indemnities, which may be suffered or claimed by me as a result of an investigation of my background in connection with this affidavit or participation in the Youth Exchange program.

I further agree to conform to the rules, regulations, and policies of Rotary International, the **Rotary District 5520** Youth Exchange program and its affiliates, and understand that my service can be modified or terminated, with or without notice or cause, at any time, at the option of either the **Rotary District 5520** Youth Exchange program or its affiliates, or at my option. I understand and agree that the **Rotary District 5520** Youth Exchange program or its affiliates may, in their sole discretion, decline to accept my application for volunteer services with or without cause.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE AFFIDAVIT, WAIVER, CONSENT AND RELEASE, AND THAT I SIGN THIS FORM VOLUNTARILY.**

Signature of Applicant  
(Host Family Member-18 years or older)

Print Name of Applicant  
(Host Family Member-18 years or older)

Date