



# 4-H HOST FAMILY APPLICATION FORM

**ALL INFORMATION PROVIDED WILL BE CONFIDENTIAL**

DATE \_\_\_\_\_

FAMILY NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMAIL (if any) \_\_\_\_\_

FAMILY MEMBERS: Please list all family members living at the above address

NAME	DATE OF BIRTH/AGE	M/F	SOCIAL SECURITY NUMBER
			For adults (18 years and older) (required for background check)

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PLEASE USE REVERSE SIDE IF MORE SPACE NEEDED

PLEASE GIVE WORK PHONE NUMBERS/EMPLOYER/CELL PHONE FOR ADULTS IN FAMILY.

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OTHER EMERGENCY CONTACT NAME, PHONE #'S \_\_\_\_\_

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HOME ADDRESS(ES) FOR PREVIOUS 5 YEARS \_\_\_\_\_

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NAME (S) PREVIOUSLY USED \_\_\_\_\_

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**Please tell us about your family: interests, hobbies, any special considerations, do you have pets- what kind, community involvement. Tell us a bit about each family member.**

**Are you familiar with 4-H? How?**

**Why does your family wish to host an International 4-H delegate? Has your family hosted international delegates before? If Yes-please briefly describe the experiences. If No-please describe what you anticipate the experience will be like. Both- please note if you have any questions about the 4-H International hosting experience.**

**Our family would like to host a delegate that is:** (check all that apply)

\_\_\_\_\_ male    \_\_\_\_\_ female

\_\_\_\_\_ is 15 yrs old or younger

\_\_\_\_\_ is 16 yrs to 18 yrs old

\_\_\_\_\_ is over 18 yrs old/adult

\_\_\_\_\_ would host adult chaperone

\_\_\_\_\_ Other (please be specific)

**Additional Information (use additional sheets if necessary); our family is special because:**

***The 4-H Youth Development Program has a responsibility to provide a safe and healthy environment for all youth. Because of this responsibility, we ask for the following information:***

If you answer "yes" to any of the questions, please explain below.

- a. Does anyone in the household use illegal drugs? Yes\_\_\_\_ No\_\_\_\_
- b. Has anyone in the household ever been convicted of child abuse or neglect? Yes\_\_\_\_ No\_\_\_\_
- c. Has anyone in the household ever been convicted of animal abuse? Yes\_\_\_\_ No\_\_\_\_
- d. Has anyone in the household ever been convicted of a criminal offense? Yes\_\_\_\_ No\_\_\_\_
- e. Have you ever been convicted of a motor vehicle violation? Yes\_\_\_\_ No\_\_\_\_
- f. Have a valid driver's license? Yes\_\_\_\_ No\_\_\_\_ Driver's License #\_\_\_\_\_ State\_\_\_\_\_
- f. Are there any criminal charges pending against you? Yes\_\_\_\_ No\_\_\_\_
- g. Other than the above, is there any fact or circumstance that would cause questions about having you supervise, guide and care for young people? Yes\_\_\_\_ No\_\_\_\_

Please explain any "yes" answers here. For convictions, please include an explanation of the nature of the conviction, the degree of rehabilitation and the time since release. (You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a)).

**References**

Please list 3 people who have known you for at least 2 years. They should be familiar with your character as it relates to working with young people. Please do not include family members. Each will be asked by phone or by letter to complete a short questionnaire. All responses will be held confidential. If you are a 4-H family-please include your 4-H leader as reference if other than family member. If family member, please include another 4-H reference.

NAME	COMPLETE MAIL ADDRESS	PHONE NUMBER
(1) _____	_____	_____
	_____	
EMAIL ADDRESS: _____		
(2) _____	_____	_____
	_____	
EMAIL ADDRESS: _____		
(3) _____	_____	_____
	_____	
EMAIL ADDRESS: _____		

**Upon acceptance as a host family for the University of Connecticut Cooperative Extension System 4-H Youth Development program, we as a family agree to fulfill the following responsibilities during our time as a 4-H International host family;**

- a. Participate in any training, read and be familiar with all the host handbook information, comply with all 4-H exchange program guidelines, and conduct host family activities in compliance with University of Connecticut Cooperative Extension System guidelines.
- b. Maintain the integrity and standards of 4-H youth development programming.
- c. Keep 4-H International exchange program coordinators fully informed of activities, including any overnight travel, out of state travel, or change in host family status.
- d. Immediately contact 4-H International program coordinators of any medical, legal, or emergency situation involving the exchange delegate.
- e. Welcome your 4-H International delegate as a new family member who will be participating in all family activities and will be given the same care and attention as all other family members.

**\*\*Our family understands that the CT International 4-H Youth Exchange programs are managed without regard to race, color, national origin, religion, sex, age and disability. We understand that we are choosing to act as a volunteer host family and do not expect to receive any compensation for this activity.**

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I hereby certify that there are no misrepresentations or omissions of fact in the foregoing statements and answers to questions. I understand that misrepresentation or omission of fact is cause for non-appointment or dismissal as a volunteer.

I authorize the University of Connecticut Cooperative Extension System, 4-H Youth Development Program, to contact listed references and to conduct a background investigation which may include, but not be limited to, employment, child welfare, motor vehicle and/or criminal offense histories and animal cruelty. I release from liability the University of Connecticut, its Cooperative Extension System, 4-H Youth Development Program, the State of Connecticut and their agents and employees in conducting this background investigation and any persons or entities which provide information in response to the background investigation.

**\*\*signature of all adults in household is required\*\***

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

**\*\*Return this form-completed in its entirety-to : Ellen Paine, 180 Bushy Hill Road, Simsbury, CT 06070.**