

## **ESSEX - Check List for Club Counselors**

The following is a list of the Rotary Club mandatory documents required when hosting an Inbound Student. The approvals and orientations of the Host Family must be done prior to the student's arrival and, as per the Dept of State, families must be fully approved prior to viewing the students application.

### ***FOR THE INBOUND STUDENT***

	Form	Done		
<b>Approvals:</b>				
<ul style="list-style-type: none"> <li>• Conduct In-home interview with all host family members residing in the home               <ol style="list-style-type: none"> <li>1. Ensure host family capable of providing nurturing environment</li> <li>2. Ensure host family financially secure</li> <li>3. Secure Rotary Host Family Application</li> <li>4. Confirm not a relative to the IB student</li> <li>5. Inspection of the home must be done at this time and photographs taken of the following: exterior of the home, kitchen, student's bedroom &amp; bathroom, family and living areas. Photographs should be placed in the students file</li> </ol> <p style="text-align: right;">Updated 2/2011</p> </li> </ul>	HF213 - HF Audit 3			
<ul style="list-style-type: none"> <li>• Host Family Application – Secure one application per family</li> </ul> <p style="text-align: right;">Updated 2/2011</p>	HF205 – HF Audit 6			
<ul style="list-style-type: none"> <li>• Obtain Personal Information Form from each adult in home (list of references)</li> </ul> <p style="text-align: center;">Updated 2/2011</p>	YE317 – HF Audit 4			
<ul style="list-style-type: none"> <li>• Host Family Reference Form - Verify at least two references on each adult. Phone references are accepted but must document. References cannot be a relative and not more than 1 former or current Rotarian</li> </ul> <p style="text-align: right;">Updated 2/2011</p>	HF209 – HF Audit 5			
<ul style="list-style-type: none"> <li>• Obtain criminal Background check for each family member 18 and over, living in the household. (requires District Waiver Consent Release Form)</li> </ul> <p style="text-align: right;">Updated 2/2011</p>	YE321 – HF Audit 7			
<b>Orientation:</b>				
<ul style="list-style-type: none"> <li>• Orientation with all household members residing in the home</li> </ul> <p>Provide Host family with the following: (Host Family Handbook)</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>- Role of Host Family</li> <li>- Role of Host Rotary Club</li> <li>- Role of Host Club Counselor</li> <li>- Role of District Committee Contact</li> <li>- Student participation in Host Family Activities</li> <li>- Student participation in Rotary Club Activities</li> <li>- Financial obligations of Host Family, Rotary Club and Rotary District</li> <li>- What to do when there is a problem</li> <li>- Host Family Tracking Form</li> </ul> </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> <li>- Adjusting to a new culture</li> <li>- School requirements</li> <li>- Rules of the Exchange</li> <li>- First Night Questions</li> <li>- Student Protection Policy</li> <li>- Travel Policy</li> <li>- Rotary Health Insurance &amp; mandatory Liability insurance</li> <li>- RYE website</li> <li>- Inbound Student Tracking Form</li> </ul> </td> </tr> </table> <p style="text-align: right;">Updated 2/2011</p>	<ul style="list-style-type: none"> <li>- Role of Host Family</li> <li>- Role of Host Rotary Club</li> <li>- Role of Host Club Counselor</li> <li>- Role of District Committee Contact</li> <li>- Student participation in Host Family Activities</li> <li>- Student participation in Rotary Club Activities</li> <li>- Financial obligations of Host Family, Rotary Club and Rotary District</li> <li>- What to do when there is a problem</li> <li>- Host Family Tracking Form</li> </ul>	<ul style="list-style-type: none"> <li>- Adjusting to a new culture</li> <li>- School requirements</li> <li>- Rules of the Exchange</li> <li>- First Night Questions</li> <li>- Student Protection Policy</li> <li>- Travel Policy</li> <li>- Rotary Health Insurance &amp; mandatory Liability insurance</li> <li>- RYE website</li> <li>- Inbound Student Tracking Form</li> </ul>	HF217 - HF Audit 8	
<ul style="list-style-type: none"> <li>- Role of Host Family</li> <li>- Role of Host Rotary Club</li> <li>- Role of Host Club Counselor</li> <li>- Role of District Committee Contact</li> <li>- Student participation in Host Family Activities</li> <li>- Student participation in Rotary Club Activities</li> <li>- Financial obligations of Host Family, Rotary Club and Rotary District</li> <li>- What to do when there is a problem</li> <li>- Host Family Tracking Form</li> </ul>	<ul style="list-style-type: none"> <li>- Adjusting to a new culture</li> <li>- School requirements</li> <li>- Rules of the Exchange</li> <li>- First Night Questions</li> <li>- Student Protection Policy</li> <li>- Travel Policy</li> <li>- Rotary Health Insurance &amp; mandatory Liability insurance</li> <li>- RYE website</li> <li>- Inbound Student Tracking Form</li> </ul>			
<b>Tracking:</b>				
<ul style="list-style-type: none"> <li>• Student Monthly Contact (confirm monthly allowance)</li> </ul> <p style="text-align: right;">Updated 1/2011</p>	IB1 – IB Audit 1			
<ul style="list-style-type: none"> <li>• Host Family Monthly Contact</li> </ul> <p style="text-align: right;">Updated 1/2011</p>	HF201 – HF Audit 2			
<b>Rotary Post-Exchange Evaluation:</b>				
<ul style="list-style-type: none"> <li>• Host Family to complete Post-evaluation form</li> </ul> <p style="text-align: right;">Updated 1/2011</p>	HF225 – HF Audit 11			
<ul style="list-style-type: none"> <li>• School Evaluation</li> </ul> <p style="text-align: right;">Updated 1/2011</p>	IB49 - IB Audit 22			



# HOST FAMILY INTERVIEW

Hosting Club YEO must do a Host Family in-home interview. Each member of the family must be present for the interview.

**Important Dept of State regulation:** Host Family must not have access to an exchange student's application or student's contact information until the Host Family is approved. An inspection of the home is to be done at this time and photographs (taken by the Interviewer) of the following must be documented: exterior of home, kitchen, student's bedroom & bathroom, family and living areas

Host Family: \_\_\_\_\_ Interview Location \_\_\_\_\_ Date \_\_\_\_\_

Rotary District \_\_\_\_\_ Rotary Club \_\_\_\_\_

Please answer the following questions:

1. Why are you interested in hosting an exchange student? \_\_\_\_\_  
\_\_\_\_\_
2. Are you interested in hosting: a boy \_\_\_\_\_ a girl \_\_\_\_\_ either \_\_\_\_\_
3. Would you prefer to host: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_
4. Please indicate your feelings about a student who smokes. \_\_\_\_\_  
Will Receive \_\_\_\_\_ Will not Receive \_\_\_\_\_ Prefer a non-smoker but will accept smoker \_\_\_\_\_
5. Has the family hosted Rotary or other students in the past? Yes \_\_\_ No \_\_\_ If so, please describe other hosting experiences. \_\_\_\_\_  
\_\_\_\_\_
6. Please list foreign language background, if any, for family members. \_\_\_\_\_
7. Do you know of other families that may wish to host a student? If yes, provide their contact information below: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Are you onboard with enforcing the 4 D's? No drinking, No driving, No Dating, No Drugs.  
Yes \_\_\_ No \_\_\_ If no, explain \_\_\_\_\_
9. Will there be family vacations or special trips during the student's stay? Will the student be a part of such trip? How will the costs be handled? \_\_\_\_\_  
\_\_\_\_\_
- 10.. Describe typical weekends in your family: time together, time apart, activities, etc  
\_\_\_\_\_  
\_\_\_\_\_
- 11.. How would you feel about attending an Orientation weekend for the exchange students or attending the exchange student's activities? Can you assist with transportation to these events?

Yes\_\_\_ No\_\_\_ If No, explain:\_\_\_\_\_

12. What concerns do you have about hosting a student in your home?

\_\_\_\_\_

13. Do you have a child who is interested in possibly applying as an exchange student?

Yes\_\_\_ No\_\_\_ If yes, list the name and age and what year for interest.

\_\_\_\_\_

14. Names of Rotarians in the family? \_\_\_\_\_ Club \_\_\_\_\_

\_\_\_\_\_

**HOST FAMILY INTERVIEW SUMMARY**

1. Did you inspect every room in the house? Yes\_\_\_ No\_\_\_ If No, explain: \_\_\_\_\_

\_\_\_\_\_

2. Are the bathroom facilities adequate? Yes\_\_\_ No\_\_\_ If No, explain: \_\_\_\_\_

\_\_\_\_\_

3. Is the home safe? Yes\_\_\_ No\_\_\_ If No, explain \_\_\_\_\_

\_\_\_\_\_

4. Please list all family members who were present during the discussion?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_, representing the Rotary Club of \_\_\_\_\_,  
(print club president/counselor/YEO) (print club name/State)

on the basis of an in-home interview certify that the \_\_\_\_\_ family  
(print legibly)

\_\_\_\_\_ IS SUITABLE to act as a host family for the above named student, and that their home is conducive to hosting a Rotary Youth Exchange Student and is contingent upon receipt of satisfactory background check on all 18+ members of family.

\_\_\_\_\_ IS NOT SUITABLE to act as a host family for the above named student or that their home is not conducive to hosting a Rotary Youth Exchange Student.

\_\_\_\_\_  
(date of in-home interview)

\_\_\_\_\_  
(name of Rotarian(s) conducting interviews)

Signature \_\_\_\_\_

**A Host Family Orientation is required for all host families. This orientation is to take place at a different time from the host family interview.**

\_\_\_ Host Family will attend a Club host family orientation

\_\_\_ Host Family will attend a District host family orientation

*Instructions: This form is to be filled out by the Rotarian interviewer(s). After conducting the Host Family Orientation, retain one copy of this form in the district's files. Direct any questions to the student's RYE District Committee Contact.*



## HOST FAMILY APPLICATION

*(Please print in ink or type)* **One per family. Must be completed prior to the student's arrival and a copy of page 1-4 must be sent to the exchange student as a family profile per the Dept of State.**

**Student Name:** \_\_\_\_\_ **Rotary Club** \_\_\_\_\_

<b>Host Mother:(Full Name)</b>		<b>DOB:</b>
Email:	Mobile Tel:	
Level of Education:		
Employer:	Job Title:	
Address:		
Point of Contact:	Telephone No:	
<b>Host Father:(Full Name)</b>		<b>DOB:</b>
Email:	Mobile Tel:	
Level of Education:		
Employer:	Job Title:	
Address:		
Point of Contact:	Telephone No:	

Is this a single parent household? (Y/N) \_\_\_\_\_

Home Mailing Address:	Physical Home Address:
Home Telephone:	Is the residence the site of a functioning business? (Yes/No) Describe:

<b>List all children:</b>	Gender	DOB	Level of Education	Profession	Living at home?
_____					Yes /No
_____					Yes/No
_____					Yes/No
_____					Yes/No
_____					Yes/No

List number and type of family pets? \_\_\_\_\_

Describe relevant behavioral or characteristic traits of any household member that could affect the successful integration of the exchange visitor into the household. \_\_\_\_\_



# HOST FAMILY APPLICATION

List full name of all other persons living in your home.

Name	Relationship	DOB	Level of Education	Profession

Exchange students cannot be placed with his/her relatives!

**Family Activities:** Language spoken in the home? \_\_\_\_\_

Please list the hobbies and special interests for each family member: (e.g. camping, hiking, dance, crafts, art, music reading, sports etc) \_\_\_\_\_

---



---



---

Organizations and clubs to which your family belongs: \_\_\_\_\_

---

Describe your expectations regarding the responsibilities and behavior of the student while in your home: (e.g. homework, chores, curfew, access to refrigerator and food, smoking, computer etc) .

---



---



---

Would you be willing to voluntarily inform the exchange visitor, in advance, of any religious affiliations of household members? (Yes/No) \_\_\_\_\_

Would any member of the household have difficulty hosting a student whose religious beliefs were different from their own? (Yes/No) \_\_\_\_\_

Of note, a host family may want the exchange visitor to attend one or more religious services or programs with the family. The exchange visitor cannot be required to do so, but may decide to experience this facet of US culture at his/her discretion.

Identify those personal expenses expected to be covered by the student: \_\_\_\_\_

---



---



---



# HOST FAMILY APPLICATION

**The Home:** Describe your type of home (e.g. single family, condominium, duplex, apartment etc) and describe primary rooms. Photographs will need to be taken of your home by the Interviewer and must include the exterior, kitchen, student's bedroom, student's bathroom and family and living areas (Note: photographs are required by the Dept of State)

Number of bathrooms \_\_\_\_\_ Will the exchange student share a bedroom (Yes/No) \_\_\_\_\_

If yes, with which household resident: \_\_\_\_\_

Describe the Student Bedroom \_\_\_\_\_

Describe amenities to which the student has access? \_\_\_\_\_ Utilities? \_\_\_\_\_

**Diet:** Does anyone in the family follow any dietary restrictions? (Yes/No) \_\_\_\_\_ If Yes, describe. \_\_\_\_\_

Do you expect the student to follow any dietary restrictions? (Yes/No) \_\_\_\_\_ If Yes, describe. \_\_\_\_\_

Would you feel comfortable hosting a student who follows a particular dietary restriction? (ex: vegetarian, vegan, etc) (Yes/No) \_\_\_\_\_

Will you provide three square meals daily? (Yes/No) \_\_\_\_\_

**School:** High School the Student will attend: \_\_\_\_\_ Private or Public

Address: \_\_\_\_\_ Telephone \_\_\_\_\_

Name and Email address of School Official: \_\_\_\_\_

Approximate size of school: \_\_\_\_\_ Approximate Distance between School and your home: \_\_\_\_\_

Approximate start date of school: \_\_\_\_\_ How will the student get to the school (e.g. bus, carpool, walk) \_\_\_\_\_

Which, if any, of your children presently attend the school in which the exchange student will enroll. \_\_\_\_\_

List sports/clubs/activities that your children participate in at the school. \_\_\_\_\_

Does any member of your household work for the high school in a coaching/teaching or administrative capacity? (Yes/No) \_\_\_\_\_  
If Yes, describe \_\_\_\_\_

Has any member of your household had contact with a coach regarding the hosting of this exchange student with particular athletic ability? (Yes/No)

If Yes, describe \_\_\_\_\_

Would your family provide special transportation for extracurricular activities after school or in the evenings, if required? (Yes/No) \_\_\_\_\_



HOST FAMILY APPLICATION

Community: In what type of community is your home: (e.g. urban, suburban, rural, farm) \_\_\_\_\_

City or Town website: \_\_\_\_\_ Approximate Population \_\_\_\_\_

Briefly describe your neighborhood and community, including points of interest \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Areas near your home to be avoided? \_\_\_\_\_

Nearest Major City \_\_\_\_\_ Population \_\_\_\_\_ Distance \_\_\_\_\_

Nearest Airport \_\_\_\_\_

How did you learn about being a host family? \_\_\_\_\_

If you have additional comments you would like to include, please use the space provided below: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you know of other families that may wish to host students? If yes, please provide their contact information below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Criminal History: Has any member of your household ever been charged with any crime? (Yes/No) \_\_\_\_\_

If Yes, Explain in detail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has anyone 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/No) \_\_\_\_\_

If Yes, describe in full. Indicate date(s) of crime(s) and in which city and state each took place.

Please note, that the information above will be shared with the exchange student and natural parents as a Host Family Profile, prior to the arrival of the student. This as well as taking pictures of your home is a requirement of the Dept of State.



## HOST FAMILY APPLICATION

### Addendum

The following information is required by the Dept of State and will be kept in confidence to be used solely for the purposes of ensuring that the basic needs of the exchange student can be meet, including three quality meals and transportation to and from school activities.

Average Household Annual Income: (please check one)	<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000-\$35,000 <input type="checkbox"/> \$35,000-\$45,000 <input type="checkbox"/> \$45,000-\$55,000 <input type="checkbox"/> \$55,000-\$65,000 <input type="checkbox"/> \$65,000-\$75,000 <input type="checkbox"/> \$75,000 and above
Does anyone residing in the home receive any kind of public assistance? If yes, describe. (financial needs-based government subsidies for food or housing)	

Of note, host families cannot be either directly or indirectly paid by cash or other incentives. (e.g. gift cards for groceries, gas or retail, trips.

PRINT FAMILY NAME: _____	
Host Mother signature: _____	Date _____
Host Father signature: _____	Date _____



**PERSONAL INFORMATION – HOST FAMILY VOLUNTEER**

Each member of the Host Family 18+ of age must complete this form.  
References can be the same for each family member. Conduct the host family orientation after the host family has been fully vetted and accepted

Date: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Rotary Club \_\_\_\_\_ District \_\_\_\_\_

**PERSONAL REFERENCES** (not relatives and not more than one former or current Rotarian)

\*\*Must verify, at least 2 references.

1. Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ email: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ email \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ email \_\_\_\_\_ Relationship: \_\_\_\_\_

**TO BE RETAINED BY THE DISTRICT**



Date

Dear (Name of Reference)

(Name of Host Family) of (Town) has/have volunteered to be a host family for the Rotary Club of \_\_\_\_\_.  
They will be hosting a Rotary Exchange student during part of the 2011-2012 academic year. They have given me your name as a personal reference.

The United States Department of State and Rotary International require that we have references for each of our host families. Would you please take a few minutes and complete the enclosed Host Family Reference Form? Please return the form to me in the enclosed addressed stamped envelope.

Thank you for your assistance to the success of our program.

Sincerely,

\_\_\_\_\_  
Name of Sender (typed/printed and signed)  
(Role of Sender)

\*\*\*\*Each Host Family Member or volunteer 18+ years old must complete one waiver and two references must be verified. References cannot be a relative and not more than 1 former or current Rotarian.



## HOST FAMILY REFERENCE FORM

Host Family Name \_\_\_\_\_

ROTARY CLUB \_\_\_\_\_

*Please fill out this form as honestly and completely as possible.  
All answers will be kept strictly confidential  
RETURN THIS FORM TO THE HOST ROTARY CLUB  
This form is to be retained with the host district records*

1. How long have you known this family? (approximately) \_\_\_\_\_ Years
2. In what capacity do you know this family? \_\_\_\_\_
3. Have you visited this family in their home? \_\_\_\_\_ How often? \_\_\_\_\_
4. Is the home reasonably clean and well-kept? \_\_\_\_\_ Comments \_\_\_\_\_  
\_\_\_\_\_
5. Is this family able to incur the additional cost of hosting an exchange student? \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_
6. Are you aware of any problems such as alcoholism, drug abuse, physical abuse, etc. that might affect this family's ability to host an inbound student? \_\_\_\_\_ If yes, please explain in confidentiality  
\_\_\_\_\_  
\_\_\_\_\_
7. In your judgment, is this a dependable, honest and stable family? \_\_\_\_\_
8. Why do you think this family wishes to have an exchange student living with them? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Do you think this family will be able to provide the student with a positive and rewarding experience while in the United States? \_\_\_\_\_ Comments \_\_\_\_\_  
\_\_\_\_\_

10. How would the children in this home adjust to having an international student living with them?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Would you be willing to entrust your own child to this family as an exchange student?

\_\_\_\_\_

12. Would you recommend this family to host a Rotary Youth Exchange student? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OTHER COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be interested in learning about becoming a Rotary Youth Exchange host family? \_\_\_\_\_

Are any of your children interested in becoming an exchange student? \_\_\_\_\_

Print Name of person completing this form: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

Please send this completed form to Rotarian: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone# \_\_\_\_\_ Email: \_\_\_\_\_

*Instructions: This form should be retained in the Rotary District files*

**DO NOT KEEP A COPY OF THIS FORM -CONFIDENTIAL**

**\*\*Send original to CBC\*\***



**DISTRICT WAIVER/CONSENT/RELEASE - YOUTH EXCHANGE ONLY**

*Every Volunteer or host family member 18+ of age must complete waiver for the background check, annually*

I am applying for a volunteer position with Rotary Youth Programs and I understand that ESSEX and its member districts (hereinafter "Rotary") may/will deny a volunteer position to anyone deemed, in the sole and absolute discretion of Rotary, to be unacceptable or unsuitable, either now or at any time in the future, and that Rotary may terminate my volunteer position at any time, with or without cause. I hereby certify that any information I have provided in connection with this application is truthful and that I have disclosed all pertinent information. I hereby agree to supplement this application, and report to Rotary, any events or changes which might affect this application as soon as possible after such events or changes occur.

I hereby give my permission for Rotary to investigate and verify all the information I have provided by whatever means Rotary deems suitable and/or appropriate including, but not limited to, searching public records, criminal background checks, contact with employers or references, etc., and I hereby indemnify and hold harmless Rotary, and all persons involved with, or working with or for Rotary, from any and all liability for any and all loss or consequences - of any type whatsoever - I may sustain as a result of such investigation and/or verification. Further, I hereby give my permission for any such investigation and/or verification to be repeated at any time, and as often as necessary, for so long as I may remain a volunteer, or at anytime in the future that I might reapply to be a volunteer.

I further agree to conform to the rules, regulations, and policies of Rotary International, ESSEX, and its District affiliates, at all times during my service as a volunteer.

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

**>>>Print or type all information clearly and legibly including your complete legal name and SSN. <<<**

_____	_____	_____	_____
<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>	<b>Signature</b>
<b>Date of Birth</b> _____/_____/19____	_____		<b>Today's Date</b> _____/_____/20____
Month Day Year	<b>Other Name(s) Used</b>		Month Day Year
<b>Telephone Number</b> _____	<b>E-mail</b> _____		
<b>Address:</b> _____		<b>City</b> _____	<b>State</b> _____ <b>Zip</b> _____
<b>SSN</b> ____ -- ____	<b>Rotary Club</b> _____	<b>Rotary District</b> _____	

**Print Legibly**

Check if a repeat background check:  host family:  counselor:  club YEO:  other Rotarian:

**SEND THIS WAIVER TO YOUR DISTRICT CHAIR OR STUDENT PROTECTION OFFICER**

**The fee per Youth Exchange background check is \$7.00**

**CONFIDENTIAL**



# HOST FAMILY ORIENTATION

Student Name \_\_\_\_\_ Country \_\_\_\_\_

I \_\_\_\_\_, representing the Rotary Club of  
(club president/counselor/district committee member/YEO)

\_\_\_\_\_, in District \_\_\_\_\_ certify that the Family \_\_\_\_\_  
(Host Family name)

has attended A Host Family Orientation on \_\_\_\_\_ 20\_\_\_\_.  
(date given)

I further Certify that the Host Family was handed a *Host Family Handbook*, and that the following topics were discussed with the Host Family:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>- Role of Host Family</li> <li>- Role of Host Rotary Club</li> <li>- Role of Host Club Counselor</li> <li>- Role of District Committee Contact</li> <li>- Student participation in Host Family Activities</li> <li>- Student participation in Rotary Club Activities</li> <li>- Student participation in Rotary District Activities</li> <li>- Financial obligations of Host Family, Rotary Club and Rotary District</li> </ul> | <ul style="list-style-type: none"> <li>- Rotary Health Insurance &amp; mandatory Liability insurance</li> <li>- School requirements</li> <li>- Rules of the Exchange</li> <li>- First Night Questions</li> <li>- Student Protection Policy</li> <li>- What to do when there is a problem</li> <li>- Travel Policy</li> <li>- RYE website</li> <li>- Adjusting to a new culture</li> <li>- Host Family Tracking Form</li> <li>- Inbound Student Tracking Form</li> <li>- DOS Welcome Letter</li> </ul> |
|--|---|
- 
- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>- Communication with student before arrival</li> <li>- Chores -- family member --not guest</li> <li>- NO Alcohol or Smoking</li> <li>- Curfews</li> <li>- Phone &amp; Internet use -- should not be excessive</li> <li>- Long Distance phone rates -- paying for phone calls</li> <li>- Rotary Weekend Attendance/Events</li> <li>- Boy friends/Girl friends</li> <li>- Problems? Need advice?<br/>Use Contact Info Sheet</li> <li>- Grades -- They DO count!!</li> <li>- Passport, DS-2019, I-94, airline ticket security</li> </ul> | <ul style="list-style-type: none"> <li>- Your communication with student's family</li> <li>- Students should be active with family</li> <li>- Paying for recreational activities and toiletries</li> <li>- Travel-visiting relative-especially out of state!! <ul style="list-style-type: none"> <li>- Talk to people yourself</li> <li>- Get addresses and phone numbers</li> <li>- Notify Youth Exchange Officers of all plans</li> <li>- ANY travel outside of state notify District Chair</li> </ul> </li> <li>- Communicate with YE officers and next Host Parents</li> <li>- Tax deduction / \$50 month plus mileage &amp; parking for non-profit organization</li> <li>- Power of Attorney(18yrs med records/banking)</li> </ul> |
|--|---|



**\*\* I/we have received a copy of the ESSEX Student Protection Policy which was explained to us.**

**\*\* I/we have received a copy of the State Department “The Exchange Visitor Program” brochure**

**\*\* I/we have received a copy of 22 CFR Part 62 information**

**\*\* I/we have participated in this Host Family Orientation.**

**\*\* \_\_\_\_\_ This is a temporary placement - first week(s) only**

**\_\_\_\_\_ This is a regular placement**

**Print Name:\_\_\_\_\_ Signature:\_\_\_\_\_**

**Date:\_\_\_\_\_**

**Print Name:\_\_\_\_\_ Signature:\_\_\_\_\_**

**Date:\_\_\_\_\_**

**Print Name:\_\_\_\_\_ Signature:\_\_\_\_\_**

**Date:\_\_\_\_\_**

**Print Name:\_\_\_\_\_ Signature:\_\_\_\_\_**

**Date:\_\_\_\_\_**

**Print Name:\_\_\_\_\_ Signature:\_\_\_\_\_**

**Date:\_\_\_\_\_**

**Print Name:\_\_\_\_\_ Signature:\_\_\_\_\_**

**Date:\_\_\_\_\_**

**Signed:\_\_\_\_\_**  
**(Club President or Counselor or District Committee Member or YEO)**

**\_\_\_\_\_**  
**(Date)**

**Instructions: Should be retained in the student file.**

**Student Name:**

**Host Club:**

Action completed	Date	Rotarian Initials
Guarantee Form Completed:	/ /	
School Letter of Acceptance :	/ /	
School Check List Completed (Form IB29)	/ /	
Insurance Purchased	/ /	
Items sent or given:	Date	Rotarian Initials
Summary of regulations, rules, procedures, insurance	/ /	
Sexual abuse documents	/ /	
Host family profile	/ /	
School/community profile	/ /	
Identification card	/ /	
Orientation Program date:	/ /	
Cultural Awareness Training:	/ /	
<b>Counselor August meeting:      Must be in person</b>	/ /	
Describe Visit:		
Corrective action, if necessary:		
<b>** All other contact (except August) may take place in-person, on the phone or via electronic mail and MUST be properly documented.</b>		
<b>Counselor September meeting:</b>	/ /	
Describe Visit:		
Corrective action, if necessary:		
<b>Counselor October meeting:</b>	/ /	
Describe Visit:		
Corrective action, if necessary:		
<b>Counselor November meeting:</b>	/ /	
Describe Visit:		
Corrective action, if necessary:		

Student Name:

<b>Counselor December meeting:</b>	/ /	
Describe Visit:		
Corrective action, if necessary:		
<b>Counselor January meeting:</b>	/ /	
Describe Visit:		
Corrective action, if necessary:		
<b>Counselor February meeting:</b>	/ /	
Describe Visit:		
Corrective action, if necessary:		
<b>Counselor March meeting:</b>	/ /	
Describe Visit:		
Corrective action, if necessary:		
<b>Counselor April meeting:</b>	/ /	
Describe Visit:		
Corrective action, if necessary:		
<b>Counselor May meeting:</b>	/ /	
Describe Visit:		
Corrective action, if necessary:		
<b>Counselor June meeting:</b>	/ /	
Describe Visit:		
Corrective action, if necessary:		
<b>Counselor July meeting:</b>	/ /	
Describe Visit:		
Corrective action, if necessary:		
<b>Post Exchange Evaluation</b>	/ /	
<b>Report Return Flight to ESSEX</b>	/ /	

Student:

Host Family:

	Date	Rotarian Initials
Application form completed		
In-home interview completed		
Background checks completed:		
Two references verified		
Abuse policy discussed		
Orientation on program completed		
Copy of State Dept 62.25		
Discuss crosscultural difficulties and strategies		
<b>Maintain a montly schedule of personal contact with the host family. At least once during the placement the contact must be in person. This is based on more than 1 host family. All other contact may take place in person, on the phone or via electronic mail and must be properly documented.</b>		
<b>August Counselor meeting: Describe Visit and Corrective Action, if necessary</b>		
<b>2nd Sponsor Representative visit to home (within 30-60 days of placement):</b> Describe Visit and Correction Action, if necessary		
<b>**Representative other than the local coordinator who recruited, screened and selected the host family must visit (walk through) the exchange student and host family within 30-60 days of placement in the home.</b>		
<b>September Counselor meeting: Describe Visit and Corrective Action, if necessary</b>		
<b>October Counselor meeting: Describe Visit and Corrective Action, if necessary</b>		

<b>November Counselor meeting: Describe Visit and Corrective Action, if necessary</b>		
<b>December Counselor meeting: Describe Visit and Corrective Action, if necessary</b>		
<b>January Counselor meeting: Describe Visit and Corrective Action, if necessary</b>		
<b>February Counselor meeting: Describe Visit and Corrective Action, if necessary</b>		
<b>March Counselor meeting: Describe Visit and Corrective Action, if necessary</b>		
<b>April Counselor meeting: Describe Visit and Corrective Action, if necessary</b>		
<b>May Counselor meeting: Describe Visit and Corrective Action, if necessary</b>		
<b>June Counselor meeting: Describe Visit and Corrective Action, if necessary</b>		
<b>July Counselor meeting: Describe Visit and Corrective Action, if necessary</b>		
<b>Post-exchange Evaluation</b>		



# POST EXCHANGE – EVALUATION BY HOST FAMILY

Name: \_\_\_\_\_

Thank you for your support in hosting our exchange student. To enable the district and club committee to evaluate our program and make future exchanges more enjoyable and effective, we request that you evaluate your experience. In addition, we would like you to let us know your appraisal of how we prepared and advised your family so that we may better prepare other host families for this experience.

Name of student: \_\_\_\_\_ Date of hosting: \_\_\_\_\_

Did the Rotary club adequately explain the exchange program and discuss your responsibilities before your student arrived?

Yes  No

Please explain: \_\_\_\_\_

\_\_\_\_\_

Did you receive the student's application and further information on the student prior to arrival?  Yes  No

If yes, should anything else be included in the material provided? \_\_\_\_\_

\_\_\_\_\_

How would you describe your contact with the hosting Rotary club while the exchange student stayed with you?

Often  Occasional  Rare  None

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you have contact with the exchangee's natural parents?  Yes  No

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you categorize your relationship with the student?

Excellent  Good  Adequate  Cause for concern

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If problems occurred, did the student respond to counseling, corrective action measures and/or assistance?  Yes  No

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did the student get involved in your family activities and chores?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Did the student respect the family and share with you where they were going, with whom, time of return?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you feel that the student shared their experiences, attitudes, with you (re: school, friends, social events, rules, etc.)?

Yes  No

Please Explain: \_\_\_\_\_  
\_\_\_\_\_

Did the student have enough money to support him/herself?  Yes  No

The length of stay was:  Adequate  Too short  Too long

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Was your experience what you expected?  Yes  No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Would you host an exchange student again?  Yes  Maybe  No

Please Explain: \_\_\_\_\_  
\_\_\_\_\_

How did you feel when the student left?  A sense of accomplishment  Sad  Relief

Other: \_\_\_\_\_  
\_\_\_\_\_

Do you have any comments on how we might improve the overall program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# POST EVALUATION – SCHOOL

Thank you for accepting our Rotary Exchange Student into your high school for the past academic calendar year. The Dept of State requires our program to secure this form as part of the Dept of State Regulations.

**PLEASE MAIL THIS COMPLETED FORM TO THE ROTARY CLUB COUNSELOR AFTER THE ROTARY EXCHANGE STUDENT HAS COMPLETED SCHOOL**

INBOUND EXCHANGE STUDENT NAME: First \_\_\_\_\_ Last \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_

	SCHOOL OFFICIAL
NAME (Print) & TITLE	
SIGNATURE	
DATE	

- Did the Rotary Exchange Counselor adequately explain the exchange program prior to the student’s enrollment?  
Yes  No
- Did you receive the Rotary Exchange Student’s forms necessary for enrollment in sufficient time prior to the first day of school?  
Yes  No
- How frequent was your contact with the hosting Rotary Club while the Rotary Exchange student was enrolled in your school?  
At least once a month  Occasional  Rare
- How would you describe your school’s overall experience with the Rotary Exchange student?  
Outstanding  Very Good  Satisfactory  Less Than Satisfactory
- Would your school consider accepting future Rotary Exchange Students for enrollment?  
Yes  No

If Yes, what is the best time of year to present a Rotary Exchange Student to your board for approval for the upcoming year? \_\_\_\_\_

- How does the Rotary Student Exchange Program compare to other exchange programs?  
Better  Same  Not as Good

8. What improvements can the Rotary Student Exchange Program make that would be of help to your school?  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you in advance for completing this form as it will enable the Rotary District and club committees to evaluate and improve our program.*