NOE International
People Educated. Christ Revealed. Lives Transformed.

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HOST FAMILY APPLICATION

(Please type or print clearly)

Host Mother: _____ _____
(Last Name) (First Name)

Host Father: _____ _____
(Last Name) (First Name)

Address: _____
(Street) (City, State) (Zip)

Home Phone: _____ Email address: _____

Cell Phones: _____ _____ _____ _____
(Name) (Number) (Name) (Number)

Host Mother's Occupation: _____ Wk Phone: _____

Host Father's Occupation: _____ Wk Phone: _____

NOE International performs background checks on all adults aged 18 and older living in the host home. Please provide the following information on every person living in your home:

Person #1: _____ Family Relationship: _____

Age: _____ Birthdate *(required if adult)*: _____ Gender: _____

Social Security Number *(required if adult)*: _____

Interests: _____

Person #2: _____ Family Relationship: _____

Age: _____ Birthdate *(required if adult)*: _____ Gender: _____

Social Security Number *(required if adult)*: _____

Interests: _____

Person #3: _____ Family Relationship: _____

Age: _____ Birthdate *(required if adult)*: _____ Gender: _____

Social Security Number *(required if adult)*: _____

Interests: _____

Person #4: _____ Family Relationship: _____

Age: _____ Birthdate *(required if adult)*: _____ Gender: _____

Social Security Number *(required if adult)*: _____

Interests: _____

Person #5: _____ Family Relationship: _____

Age: _____ Birthdate *(required if adult)*: _____ Gender: _____

Social Security Number *(required if adult)*: _____

Interests: _____

Person #6: _____ Family Relationship: _____

Age: _____ Birthdate *(required if adult)*: _____ Gender: _____

Social Security Number *(required if adult)*: _____

Interests: _____

Person #7: _____ Family Relationship: _____

Age: _____ Birthdate *(required if adult)*: _____ Gender: _____

Social Security Number *(required if adult)*: _____

Interests: _____

Person #8: _____ Family Relationship: _____

Age: _____ Birthdate *(required if adult)*: _____ Gender: _____

Social Security Number *(required if adult)*: _____

Interests: _____

Name of Family's Local Church: _____

Will student have his/her own room? _____ If no, with whom will student share? _____

Are you able to host a male or female student? _____

Any indoor pets? _____ If yes, please describe: _____

Would you be able to assist in transportation? _____ If yes, list days and times:

_____

Please list the name and phone numbers of at least two local references:

_____

_____

Why are you interested in hosting a NOE student? What sort of involvement do you expect from him/her?

_____

_____

_____

_____

_____

Please describe a typical weekday in your home: _____

_____

_____

_____

Please describe a typical weekend in your home: _____

_____

_____

_____

Have you ever hosted a foreign exchange student before? If so, please describe your experience:

_____

_____

How did you hear about the NOE exchange program? _____

_____

Names and phone numbers of other families you feel would make good host families:

_____

_____

NOE International places exchange students in loving Christian homes. Do you and your family believe in Jesus Christ?

_____

_____

Describe your relationship with Jesus Christ and how it impacts your day-to-day family life:

_____

_____

_____

The host applicants authorize NOE International to use the information contained in this application for any purpose in connection with the investigation and evaluation of the host applicant, and authorizes NOE International's contact with all persons listed in the application. Applicant acknowledges NOE International reserves the right, in its absolute discretion, to accept or reject any applicant. Applicant expressly releases NOE International from any present or future claims, liability, or damages in connection with (i) the use of information set forth in this application, (ii) NOE International's acceptance or rejection of applicant, and (iii) any events involving the student exchange program in the event applicant is selected as a host family.

Host signatures Date

_____ _____

_____ _____