



People Educated. Christ Revealed. Lives Transformed.

PO Box 33152, Portland, OR 97292

971-255-9140

info@noeinternational.org

noeinternational.org

## 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: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Host Father's Occupation: \_\_\_\_\_ Work 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. A link to authorize the background check will be sent following the acceptance of your application.*

**Person #1:** \_\_\_\_\_ Family Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate (required if age 18+): \_\_\_\_\_ Gender: \_\_\_\_\_

Interests: \_\_\_\_\_

**Person #2:** \_\_\_\_\_ Family Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate (required if age 18+): \_\_\_\_\_ Gender: \_\_\_\_\_

Interests: \_\_\_\_\_

**Person #3:** \_\_\_\_\_ Family Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate (required if age 18+): \_\_\_\_\_ Gender: \_\_\_\_\_

Interests: \_\_\_\_\_

**Person #4:** \_\_\_\_\_ Family Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate (required if age 18+): \_\_\_\_\_ Gender: \_\_\_\_\_

Interests: \_\_\_\_\_



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**Person #5:** \_\_\_\_\_ Family Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate (required if age 18+): \_\_\_\_\_ Gender: \_\_\_\_\_

Interests: \_\_\_\_\_

**Person #6:** \_\_\_\_\_ Family Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate (required if age 18+): \_\_\_\_\_ Gender: \_\_\_\_\_

Interests: \_\_\_\_\_

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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: \_\_\_\_\_

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:

\_\_\_\_\_



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How did you hear about the NOE exchange program? \_\_\_\_\_

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

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

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

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*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

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Please return this completed form to: [info@noeinternational.org](mailto:info@noeinternational.org), or mail it to:  
NOE International, PO Box 33152, Portland, OR 97292

Questions? Please call Terri Pace at 971-255-9140

Would you like to be added to NOE's once-per-month email newsletter? ☐ Yes ☐ No

