



**LIONS CLUBS INTERNATIONAL
 MULTIPLE DISTRICT 19
 YOUTH EXCHANGE PROGRAM
 ~ HOST FAMILY APPLICATION ~**

Host Family# (YEP use only)

Family Data: Last Name _____ First Name(s) _____

Street _____ PO Box _____

City _____ State/Province _____ Country _____

Postal/Zip Code _____ Home Phone (_____) _____

Business Phone (_____) _____ E-Mail _____

Names/Ages of Children at Home _____

Do you have pets? Y _____ N _____ Does anyone in the home smoke? Y _____ N _____

Occupation of Head of Family _____ Family Religion _____

Preference of Exchange Country (1) _____ (2) _____ (3) _____

Preferred Hosting Period: **First** Dates: From _____ To _____

Second Dates: From _____ To _____

Either

Family Activities _____

Preferred Gender: Female Male Either Preferred age _____

Any special interest _____


Usual climate during exchange period – Warm _____ Cool _____ Hot _____ Sunny _____ Rain _____ Snow _____

Will one parent be home during the period of the home stay? Yes _____ No _____

If at least one parent is not at home during the stay, please indicate if another responsible person will be in the home. The youths should not be alone for long periods of time.

Responsible Adult at home: _____

Is applicant a Lion? Yes _____ No _____

 Host Family Signature _____ Date _____

(Please provide two family photos on reverse)

Host Club Information

The host family will provide room, board and local transportation. The Club may assist with incidental expenses.

Name of Host Club _____ District _____ Zone _____

Population of community _____ Character (industrial etc) _____

Club Signature _____ Title _____ Date _____

Club signature should be President or Secretary to sponsor a host family.

Club Mailing Address _____ City _____

State/Prov _____ P/Zip Code _____ Country _____

Phone number for signatory - Home (_____) _____ Business (_____) _____

Fax (_____) _____ E-Mail _____

Signature of District YEP Chairperson _____ Date _____

For MD-19 Use:

Youth Assigned - Name (Last) _____ (First) _____ (Ref. #) _____

Male Female Date of Birth _____ Age _____

Address _____

Sponsoring Club _____ District _____ Country _____

Signature of Multiple District YEP Coordinator _____ Date _____

Instructions: Complete in singular, this form can be photocopied by the YEP representative.

A list of family activities (hiking, movies, etc) helps in the matching up youths to families.

The street address is required, add the post office box if needed for mailing.

Youths should have their own room for privacy.

PLEASE AFFIX PHOTOGRAPHS HERE