



# 9th TOMODACHI MUFG International Exchange Program

## HOST FAMILY APPLICATION

*Please type or print legibly in black ink*

The TOMODACHI MUFG International Exchange Program appreciates your interest in hosting one or two exchange students. If you are selected, the first three pages of this Application will be made available to the exchange student(s) assigned to you.

Host Parents' Information	
Full Name of Host Parent/Guardian	Full Name of Host Parent/Guardian
Host Parent/Guardian Occupation	Host Parent/Guardian Occupation
Host Parent/Guardian Email Address	Host Parent/Guardian Email Address
Host Parent/Guardian Work Phone	Host Parent/Guardian Work Phone
Host Parent/Guardian Cell Phone	Host Parent/Guardian Cell Phone
Residence Street Address	
City	State      Zip Code
Home Phone	

Have you ever hosted international students before?	YES    NO
If yes, when?	

<b>Identification of Other Family Members and Residents</b>				
Names of all sons and daughters (regardless of whether living at home or elsewhere and regardless of age) and all other persons living in your home (regardless of age and regardless of whether permanent or temporary)	Sex	Age	Relationship	Lives at Home?
<b>Information Concerning the Host Family</b>				
Organizations (such as civic or social) you and/or the family attends and how often:				
Indicate foreign language background, if any, for family members:				
Please list your hobbies and special interests:				
Please list the hobbies and special interests of your sons and daughters (include all residents in the home) :				
Please indicate below, if you have any pets in your home:				
Cats	Dogs	Other (Specify)		
Has any family member lived or traveled abroad? If so, please indicate who, when, and where:				
Indicate briefly your main reasons for wishing to participate in this program:				
Please describe other hosting experiences you have had (whether as a family or as single persons):				

How did you learn about the TOMODACHI–MUFG International Exchange Program and hosting the exchange students?

Please describe the types of private activities/events you will make available to the exchange students during their free time:

Do you own or have access to an automobile that would accommodate transporting the exchange students to and from various activities/events? YES NO  
If NO, what will be the mode of transportation?

If you have any additional comments and/or information you would like to include (or if you require additional space to provide the information to respond fully to the questions above), please provide the information by attaching additional sheets. Additional sheets attached: YES NO

### Information Concerning the Students

Will students share a bedroom? YES NO If YES, with whom?  
*Each student must be given his/her own bed.*

Would your family consider hosting two (2) students, if your home can accommodate two students?  
YES NO

Will accept: Male Female Either Male or Female

<b>Personal Reference</b>		
(Non-relative, known at least one year, and must be different from professional reference)		
Name of Individual		Relationship to you
Home Address		City State Zip
Home Phone	Cell Phone	Email

<b>Professional Reference</b>	
(Employment, school, or other organization, including houses of worship)	
Organization Name	Your Position/Role
Contact Name	Work Phone
Address	City State Zip

<b>Prior Youth Volunteer Reference (if any)</b>	
Organization Name	Your Position/Role
Contact Name	Work Phone
Address	City State Zip

**DISCLOSURE REQUIRED:** All applicants must answer the following two questions. Failure to answer honestly and truthfully will disqualify the applicant from service as a host family. JASSC's acceptance of an applicant will be based upon its policies and procedures and subject to its conditions.

<b>Criminal or Civil Violence and Harassment History</b>	
Has anyone in your household ever been convicted of a crime(s)?	Yes    No
If yes, describe each criminal conviction by stating the nature of the offense and the statutes violated. Also state the dates of each conviction and the name of the court, including the country, state and county or city where the conviction took place. Please attach a separate sheet if needed to provide complete information.) You need not disclose any referral to, and participation in, any pre-trial or post-trial diversion program, or any misdemeanor convictions for which probation has been successfully completed and discharged. [You need not list any marijuana-related misdemeanor convictions over two years old, or felony marijuana convictions under California Health and Safety Code Section 11360 (c) which occurred prior to 1976].	
Has anyone in the household where the student will stay ever been subject to any court order or judgment 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, state the nature of each order or judgment. Also, state the date of each and the name of the court which issued the order or judgment, including the country, state and county or city where the court was located. Please attach a separate sheet if needed to provide complete information.	
<b>IMPORTANT! PLEASE READ ALL PAGES OF THIS APPLICATION, INCLUDING ALL ATTACHED PAGES, COMPLETELY AND, THEN, PLEASE SIGN</b>	

BY SIGNING BELOW, I ACKNOWLEDGE AND CONFIRM THAT I HAVE READ THE ENTIRE APPLICATION, INCLUDING, WITHOUT LIMITATION, THE ATTACHED CERTIFICATION, CONSENT, WAIVER, RELEASE AND INDEMNIFICATION (SET FORTH ON THE FOLLOWING PAGES) AND THAT I FULLY UNDERSTAND THE TERMS OF EACH AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS. I SIGN THIS APPLICATION AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT OF ANY KIND. FURTHERMORE, I AGREE TO INFORM JAPAN AMERICA SOCIETY OF SOUTHERN CALIFORNIA (JASSC) IMMEDIATELY IF ANYTHING CONTAINED IN THIS APPLICATION AND/OR ITS ATTACHMENTS CHANGES.

**If accepted as a host family, we agree to provide appropriate supervision and care to each student at all times while they are in our care.**

Signature of Host Parent/Guardian	Signature of Host Parent/Guardian
Print Name of Host Parent/Guardian	Print Name of Host Parent/Guardian
Date	Date

## CERTIFICATION, CONSENT, WAIVER, RELEASE AND INDEMNIFICATION

I certify that all of the statements in this Application and in any attachments hereto are true and correct to the best of my knowledge. I also certify that I have not withheld any information that would affect my qualifications unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration for any volunteer position with the 9th TOMODACHI MUFG International Exchange Program and other youth programs or their affiliates. I understand that the policy of the 9th TOMODACHI MUFG International Exchange Program is to deny participation in youth programs to any adult convicted of a crime, or subject to a civil order or judgment evidencing behavior which could endanger the youth participants in the program.

I understand and agree that the 9th TOMODACHI MUFG International Exchange Program and Japan America Society of Southern California (JASSC) shall have the absolute discretion to determine whether any criminal conviction or other court order disclosed in, or discovered through, this Application process, shall preclude participation in any youth programs, including the 9th TOMODACHI MUFG International Exchange Program.

I hereby give my permission to JASSC to investigate, verify and obtain any information given in this Application **and on Trusted Employees website (online background check service)**, including searches of law enforcement and published records (including driving records and criminal background checks) and reference interviews. I understand that the information will be used to determine my eligibility for to serve as a host family to exchange students who participate in the 9th TOMODACHI MUFG International Exchange Program.

I also understand that, as long as I remain a host family, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and that there is a procedure available for clarification, if I dispute the record as received.

I specifically acknowledge that JASSC or its affiliates will inquire about, and I authorize them to verify, experience, personal references, background, including criminal background checks, which may contain arrest and conviction data.

I waive any right to assert that an investigation or reference request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved in the 9th TOMODACHI MUFG International Exchange Program, and I fully consent to and authorize such verifications and investigations.

IN CONSIDERATION of my application, acceptance (if accepted) and participation in the 9th TOMODACHI MUFG International Exchange Program, I, to the fullest extent permitted by law, for myself, my heirs, personal representatives and assigns do hereby release, waive, discharge, and covenant not to sue JASSC or the 9th TOMODACHI MUFG International Exchange Program, or their respective parent, affiliate, and subsidiary entities, or the respective officers, agents, insurers, partners, employees, successors, and assigns of any of them ("Released Parties") from and

against any and all claims, suits, damages, or liabilities of whatsoever kind or nature, including negligence of Released Parties resulting in property loss, personal injury, accident or illness including death, arising from or related to my voluntary participation in the 9th TOMODACHI MUFG International Exchange Program. I further agree to save, hold harmless and indemnify the 9th TOMODACHI MUFG International Exchange Program and JASSC and their respective parent, affiliate and subsidiary entities and any and all their respective members, officers, directors, committee members, employees, volunteers, agents and representatives (each and collectively, the "Indemnitees") from and against any or all liability for any loss, property damage, personal injury or death relating to JASSC or the 9th TOMODACHI MUFG International Exchange Program, including any such liability which may arise out of the negligence of any of the Indemnitees, which may be suffered or claimed by me as a result of any action taken or not taken, including the verifications and investigations of my background, in connection with this Application.

I further agree to conform to and comply with the rules, regulations, policies and procedures of JASSC and the 9th TOMODACHI MUFG International Exchange Program and their respective affiliates, and I understand that my service can be modified or terminated, with or without notice or cause, at any time, at the option of either JASSC or the 9th TOMODACHI MUFG International Exchange Program or their respective affiliates, or at my option.

I understand and agree that JASSC and the 9th TOMODACHI MUFG International Exchange Program or their respective affiliates may, in its/their sole discretion, decline to accept my Application for volunteer services with or without cause.

Signature of Host Parent/Guardian	Signature of Host Parent/Guardian
Print Name of Host Parent/Guardian	Print Name of Host Parent/Guardian
Date	Date