

# Marlboro Youth Exchange Program

## HOST FAMILY APPLICATION

Select One or Both:

- Nanto, Japan
- Wujiang, China

### Dear Prospective Host Family:

THANK YOU for your consideration to open your home to children in our Youth Exchange Program.

### Host Family Expectations:

- Visiting students will stay in a home with a host child of the same gender and the host child is typically between the ages of 13 and 18
- Students visit Marlboro for one week typically (4-8 days of hosting)
- Students and host families will meet at a Welcome Reception
- Students receive a photo ID for the Marlboro Swim Club for their stay and an optional day at the swim club is often organized for everyone (including hosting students)
- Day trips to New York and/or Philadelphia will be scheduled during the visit for the students and interested host family members (including siblings)
- Other activities are organized including a tour of Marlboro municipal buildings and schools, the beach and bowling
- During the times when structured activities are NOT scheduled, the visiting students will glimpse and experience the life of a typical American family
- A Farewell Dinner Party ends the Home Stay period where the visiting students put on a special performance to thank the host families

Please complete the following application for a background check. **Please be assured that all information will be held in the strictest confidence.**

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### Family Information

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

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

City: \_\_\_\_\_ State: NJ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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### Mother

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

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer / Occupation: \_\_\_\_\_

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**Father**

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

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer / Occupation: \_\_\_\_\_

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**Host Child**

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

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_ Sex: \_\_\_\_\_

School Attending: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Will the host child be available all of the days that the exchange students are staying with you?**

\_\_\_\_ Yes \_\_\_\_ No If no, please describe the circumstances, frequency and duration of their absence.

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Marlboro Township requires a background check for members of your household who are 18 years or older.

**Please list information for everyone living in your home:**

Name	Date of Birth	Sex	Relationship to Host Child	For adults over 18, Driver's License #

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**Does anyone living in your home have a criminal record or have a case pending?**

\_\_\_\_ No \_\_\_\_ Yes If yes, please provide written explanation of the incident.

**Do you own any firearms?**

\_\_\_Yes\_\_\_No If yes, please describe how they are stored.

**Is your home smoke free?**

\_\_\_Yes\_\_\_No

**Do you have appropriate sleeping accommodations for two exchange students in your home?**

\_\_\_Yes\_\_\_No If yes, please describe the accommodations that will be available.

**Will there be an adult present at all times during the children's visit?**

\_\_\_Yes\_\_\_No

**Are there any other issues or circumstances in your home that we should be aware of?**

\_\_\_\_\_

**>>> Please note that the visiting child must be adult supervised at all times. <<<**

**Does anyone in your home speak a language other than English? If yes, what?**

\_\_\_\_\_

**Please list any pets in your home:** \_\_\_\_\_

**Please indicate which students your family prefers:** \_\_\_Boys \_\_\_Girls\_\_\_Either

**How did you learn about the Marlboro Youth Exchange Program?**

\_\_\_\_\_

**Are you interested in sending your child to the exchange country after you host exchange students in Marlboro?** \_\_\_\_\_

**If selected to host, do you agree to treat the exchange students as your own sons or daughters and to provide appropriate parental supervision?** \_\_\_Yes \_\_\_No

**If we are unable to place the exchange students in your home this year, would you like to be kept on the list for consideration for their next visit (within two years)?** \_\_\_Yes \_\_\_No

I, the undersigned, agree to indemnify and hold harmless the Township of Marlboro and its officers, agents and employees from any and all costs, claims and liability arising out of my participation in this program. I do hereby waive any and all rights of claim damages or losses resulting from my participation in the Marlboro Youth Exchange Program and hereby assume liability for any loss, damage or other liability from such program. I understand that photos or videos may be taken of my child and family that may be published on the Marlboro Youth Exchange Web site, Facebook, Flyers, and other media.

**Your signature below attests that the information provided in this application is accurate and true:**

First adult's signature: \_\_\_\_\_ Date

Second adult's signature: \_\_\_\_\_ Date

**NOTARIZED SIGNATURE FORM**

**STATE OF NEW JERSEY**

**COUNTY OF MONMOUTH**

I, \_\_\_\_\_, being duly sworn, depose and say I am the above named person. I signed the foregoing statement. I personally read and printed by hand, answers to each and every question therein and I do solemnly swear that each and every answer is full, true and correct in every respect.

“Under Penalty of Law”, a person who makes a false statement under oath or equivalent affirmation, or swears or affirms the truth of such a statement previously made, when he does not believe the statement to be true, is guilty of a crime of the fourth degree in violation of 2C:28-2.

\_\_\_\_\_  
**Signature of Applicant**

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**Notary Public or Commissioner of Deeds**

**RELEASE AUTHORIZATION**

**To all Courts, Probation Departments, Selective Service Boards, Physicians, Hospitals, Employers, Credit Reporting Agencies, Educational and other Institutions and Agencies without exception.**

I, \_\_\_\_\_, am making an application to be considered for "Host Family" as part of the Marlboro Youth Exchange Program. As a result, an investigation is being conducted to determine my eligibility.

I respectfully request and authorize you to release to the Township of Marlboro or its representatives, any and all information, photos, documentary or otherwise that they may ask for concerning me.

I hereby release, discharge, and exonerate the Township of Marlboro, its agents or representatives, and any person so furnishing information, from any liability of every nature and kind arising out of the furnishing, inspections, or collection of such documents, records, and other information for the investigation made by the Township of Marlboro.

A copy or facsimile of this authorization will be considered as effective and valid as the original. The original of this form is maintained at the Township of Marlboro and will be made available upon demand. This authorization, or a reproduction thereof, shall be valid for a period of one year from the date of execution of this document.

\_\_\_\_\_  
**Signature of Applicant**

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

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**Notary Public or Commissioner of Deeds**