



STATES' 4-H INTERNATIONAL EXCHANGE PROGRAMS CONFIDENTIAL HOST FAMILY REFERENCE

This family has applied to host a participant in a States' 4-H International Exchange Program. A host family represents the U.S. culture to the visitor and plays a very important role in determining the success of the participants' experience in the United States. The information that you give us will be useful in determining the placement of individual participants. Please answer all questions as fully as possible. **Thank you for providing this reference. All information is confidential to the extent allowable by law and will only be used to select host families**

Name of Host Family: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: *Home* _____ *Cell* _____

Name of person completing this form: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: *Home* _____ *Cell* _____

How long have you known this family? From _____ To _____

How often do you see the family? _____

What is your relationship with this family? _____

What special interests (camping, horses, photography, art, cooking, sewing, sport, etc.) do family members have, especially the teenager(s)? _____

How do you feel this family will adjust to unexpected situations, different customs, etc.?

How do you feel that this family will welcome a visitor of a different religion and different ethnic background?

What are this family's greatest strengths? _____

What are this family's weaknesses? _____

Are you aware of any drug, alcohol, or child abuse on the part of any member of the family?

YES NO If yes, please explain: _____

In your opinion, would a young visitor find this family supportive and understanding of difficulties in adjusting to strange customs, new foods, interpersonal relationships, etc.? Please give an overall assessment. If you have a son or daughter age 12-18, would you feel comfortable if your child were placed with this family?

Would you recommend this family to host a participant? Very Strongly Yes

With some hesitation No

Signature _____ Date _____

Due February 1st to
WI 4-H International Programs, 431 Lowell Hall, 610 Langdon St., Madison WI 53703
Fax: 608-265-6407, Email: wihinternational@gmail.com