**BROOMFIELD/UEDA SISTER CITIES HOST FAMILY APPLICATION FORM**

**Please send the form to broomfieldsc@gmail.com**

**Host Parent’s Information**

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| --- | --- | --- | --- |
| First Name | Middle Name | | Family Name |
|  |  | |  |
| Family Home Address |  | |  |
|  | | | |
| Birthday | | Driver’s License # Issued State | |
|  | |  |  |
| Applicant Phone Number | ApplicantEmail Address | | |
|  |  | | |

Emergency Contact Name Phone #

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**Family Member Information**

Please provide the information for all people/children living at the residence of the host family including permanent or occasional. Each person who is 18 years of age or older must complete the separate form for background Check.

Name Birthday (DD/MM/YY)

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List animals you have in your home or on your property.

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**Questionnaire**

1. What are your expectations or goals for hosting a Japanese student?

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1. Are you able to accommodate food allergies if the student has any?

YES

1. Can you provide transportation for the student to and from daily activities?

YES

1. Are you willing to volunteer as a chaperone for activities?

YES

1. Are you comfortable with quarantining the student if they become sick?

(Including but not limited to COVID-19)

YES

1. Does anyone in the household possess firearms?

YES

If so, are they stored securely in a locked safe? YES

1. Does anyone smoke inside the house?

YES

1. Will the student have a roommate?

YES

If so, who will they be sharing the room with?

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*I further state that all the information in this application and attached documents are true and accurate to the best of my knowledge.*

Applicant’s Signature Date

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**Authorization of Background Check Waiver and Release**

Eech person living at the residence of the host family that is 18 years of age or older must complete this form and submit per person.

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Middle Name | | Family Name |
|  |  | |  |
| Family Home Address |  | | Zip Code |
|  | | | |
| Birthday | | Driver’s License # Issued State | |
|  | |  |  |
| Applicant Phone Number | ApplicantEmail Address Social Security Number | | |
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I, understand and agree to the following:

1. That I understand the responsibilities of a host Family for the Broomfield/Ueda Student Exchange Host Family Program, and I freely, voluntarily, and with such knowledge assume any such risks while volunteering my services.
2. That the Broomfield Sister Cities Organization and its staff, and agents shall not be responsible or liable for any injury, damage, loss or expense, either to me or my property incurred while participating in the Broomfield/Ueda Student Exchange Host Family Program.
3. For myself, my heirs, executors, administrators, and assigns, I agree to defend, indemnify, release, and hold harmless, Broomfield Sister Cities Organization and its staff, and agents from and against any and all manner of actions, causes of actions, suits, debts, claims, demands, or damages, liability or expenses, including attorney’s fees, of every kind and nature incurred or arising by reason of any actual or claimed actor omission of mine while participating in the Broomfield/Ueda Student Exchange Host Family Program, including but not limited to, claims of sexual harassment, civil rights violations, or relating to alcohol or drug use.
4. That Broomfield Sister Cities Organization reserves the right to terminate me from my volunteer services in the Broomfield/Ueda Student Exchange Host Family Program, in its sole and exclusive discretion.
5. That Broomfield Sister Cities Organization has my permission to use for any purpose any photographs, videotapes, recording or any other record which may contain pictures or recordings of me participating in the Broomfield/Ueda Student Exchange Host Family Program.
6. That the information in this Authorization of Background Check Waiver and Release is true and complete. I understand and agree that false statements, misrepresentations or omissions of information in this application may result in rejection of this application and my participation in the Broomfield/Ueda Student Exchange Host Family Program. The Broomfield Sister Cities Organization is expressly authorized to investigate all statements contained in this application.
7. I understand and agree that my volunteer service in the Broomfield/Ueda Student Exchange Host Family Program is conditioned upon the successful completion of an investigation into my background. I hereby authorize Broomfield Sister Cities Organization to conduct such background investigation, which includes, but is not limited to, a criminal background check, sex offender registry check, and a driving record check. I understand and agree that I may be disqualified from further consideration should I fail any of these background checks.
8. I understand that I am NOT insured by Worker’s Compensation Insurance or insured by Medicaid, Medicare, or any group or individual insurance policies provided by Broomfield Sister Cities Organization while I participate in the Broomfield/Ueda Student Exchange Host Family Program. I understand and agree that if I choose to transport program participants of the Broomfield/Ueda Student Exchange Host Family Program in any private vehicle, that I must maintain current automobile liability insurance coverage on said vehicle, in accordance with statutory requirements. Broomfield Sister Cities Organization will not provide any automobile liability insurance coverage for said purpose or said vehicle or be responsible for any liability or claim arising there from.
9. I hereby represent that I have carefully read and understand the contents of this document and sign the same of my own free will.

DISCLOSURE REGARDING PROCUREMENT OF A CONSUMER REPORT

In connection with your application for volunteer service with Broomfield Sister Cities Organization, we may procure a consumer report on you including, but not limited to, a social security number verification, DMV check, criminal background check, and national sex offender registry, as part of the process of considering your candidacy as a host family volunteer. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential volunteer service, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Federal Fair Credit Reporting Act. The Fair Credit Reporting Act (FCRA) gives you specific rights in dealing with consumer reporting agencies. We use an outside agency only to conduct identity verifications, criminal background checks and sex offender registry checks. We do not conduct credit checks. By your signature below, you acknowledge receipt of the Disclosure to Volunteer Service Applicant Regarding Procurement of a Consumer Report and you hereby authorize us to obtain a consumer report about you in order to consider you for volunteer service.

Applicant Signature: Date:

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| Family Home Address |  | | Zip Code |
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| Family Home Address |  | | Zip Code |
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| Applicant Phone Number | ApplicantEmail Address Social Security Number | | |
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