



**LIONS CLUBS INTERNATIONAL**  
**DISTRICT A-15 - ONTARIO - CANADA**  
**YOUTH EXCHANGE**

**Instructions:** The prospective host family and host Lions Club should complete appropriate sections of this form. If more than one family is involved in hosting, separate applications should be completed. A recent group photograph of the family should be attached, if available.

**INVITATION AND HOST FORM**

**I. HOST FAMILY DATA**

Name of Husband and Wife \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Husband's Occupation: \_\_\_\_\_ Wife's Occupation: \_\_\_\_\_

Lions Club Member: Yes \_\_\_ No \_\_\_ Club Name: \_\_\_\_\_ District: \_\_\_\_\_

Names, ages, sexes of children who will be living at home during hosting period:

\_\_\_\_\_  
\_\_\_\_\_

National Origin of Husband \_\_\_\_\_ National Origin of Wife: \_\_\_\_\_

Religious affiliation of family: \_\_\_\_\_

Languages spoken by family: \_\_\_\_\_

Family's interest and pastimes: \_\_\_\_\_

Describe area where home is located (rural, urban residential etc.): \_\_\_\_\_

Population of Area: \_\_\_\_\_ Climate: \_\_\_\_\_

Pets in the home: \_\_\_\_\_

Previous hosting Experience: \_\_\_\_\_

**II. HOST FAMILY PREFERENCES**

We would prefer a boy \_\_\_ girl \_\_\_ either \_\_\_ Age: \_\_\_\_\_ Special Interests: \_\_\_\_\_

Would smoking be a problem in your home: Yes \_\_\_ No: \_\_\_

Religious preference by family if any: \_\_\_\_\_

*Complete only if requesting a specific youth:*

Youth's Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

Sponsoring Lions Club: \_\_\_\_\_

*We guarantee that one of the parents or some other responsible person will be at the home during the period of the exchangee's stay. In fairness to the exchangee and any other family that may be involved in their hosting, it is understood that we will relinquish all ties during the time when the exchangee is being hosted by the other family. We also understand that the exchangee will be attending a camp for a period during their stay with itinerary and dates set by the District Exchange Chairman in cooperation with the Camp Director.*

**Signature Host Family Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### III. HOST LIONS CLUB DATA

*To be completed by the host Lions Club. The hosting of each exchangee must be supervised by a Lions Club in District A-15 and in the area where the hosting will take place.*

Club: \_\_\_\_\_ District: \_\_\_\_\_ Club No.: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Club representative coordinating hosting arrangements:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*I have personally interviewed the above named host family and reviewed their application. I certify that they have been fully informed of the program's requirements and procedures and are qualified to serve as a host family.*

**Signature of Lions Club President or YE Chairman:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### IV. HOSTING ARRANGEMENTS AND DETAILS

*To be completed by the host Youth Exchange Program Chairman*

Youth assigned to host family: \_\_\_\_\_

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

Home telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Insurance Certification: \_\_\_\_\_ Policy No. : \_\_\_\_\_

Indemnity Form: \_\_\_\_\_ Emergency Medical Authorization: \_\_\_\_\_

Passport No.: \_\_\_\_\_

Travel arrangements:      Arrival:      Time: \_\_\_\_\_

Airline: \_\_\_\_\_

Departure:      Time: \_\_\_\_\_

Airline: \_\_\_\_\_

District YE Chairman Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Signature of District YE Chairman** \_\_\_\_\_ **Date:** \_\_\_\_\_