



Host Family Name (e.g. John and Mary SMITH)	Club	District	HF-2
 *Host Family Interview & Accommodations Inspection Rotary Youth Exchange, District _____			
(*Revised February 15, 2012 See SCRYE Website to verify latest version)			
Student's Name (if known at time):			
Host Home Photos			
Photos of home exterior and grounds, kitchen, student's bedroom, student's bathroom, living and family areas are required.			
Were appropriate photos included with application? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, do they meet requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no to either question, were they made during this visit? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Host Home Features Inspected			
Student's Bedroom <input type="checkbox"/> Student's Bathroom <input type="checkbox"/> Kitchen <input type="checkbox"/> Family Room <input type="checkbox"/> Laundry <input type="checkbox"/> Other <input type="checkbox"/>			
Student Accommodations (Checked boxes that describe student accommodations)			
<input type="checkbox"/> Has own bedroom			
<input type="checkbox"/> Shares bedroom with _____ (e.g. Host brother, host sister, etc.)			
<input type="checkbox"/> Has separate bed, <u>not</u> convertible, <u>not</u> inflatable			
<input type="checkbox"/> Has adequate storage space for clothes and personal belongings			
<input type="checkbox"/> Has study space in bedroom or elsewhere in the house			
<input type="checkbox"/> Has reasonable access to bathroom facilities			
<input type="checkbox"/> Shares bathroom with _____ (e.g. Host brother, host sister, etc.)			
<input type="checkbox"/> Has unimpeded access to the outside of the house in the event of a fire or similar emergency			
Host Family Interview (Check questions asked and comment as appropriate)			
<input type="checkbox"/> 1. Describe your family's life – work, activities, schedules, etc. – for both children and adults.			
<input type="checkbox"/> 2. How will student's transportation needs be handled – getting to and from school, etc.?			
<input type="checkbox"/> 3. What special family activities or trips were already planned for this period? Would the student participate?			
<input type="checkbox"/> 4. Have you hosted a student before? What was your experience?			
<input type="checkbox"/> 5. Would the student occupy the room of a family member who is away? What if they return?			
Verification			
Host Father Name (Type or print)		Host Father Signature	
Host Mother Name (Type or print)		Host Mother Signature	
Date of In-home Interview	Certified Local Coordinator (Type or print)	LC Signature	