

# Quad Cities Christian School Host Family Application

## 1. Parents

Home Address

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's Information Mother's Information

Name \_\_\_\_\_ Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Business Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Business Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Church Affiliation, if any \_\_\_\_\_ Referred by \_\_\_\_\_

Church Participation: \_\_\_ Active \_\_\_ Inactive \_\_\_ Seeking Relationship with family \_\_\_\_\_

QCCS believes that regular weekly participation in a local church is a key element in a successful Host Home.

Do you agree to bring your International Student to church on a weekly basis? Yes \_\_\_ No \_\_\_

Do you have regular homeowner's insurance (fire, theft, etc.) on your home? \_\_\_ Yes ) \_\_\_ No

We acknowledge that there are costs related to hosting a student and we are comfortable incurring such costs, understanding that we will receive a monthly stipend of \$300 for 10 months. \_\_\_ Yes \_\_\_ No

## 2. Children in family

First Name Age M/F Grade in school Employed -Yes/No At Home - Yes/No

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3. Additional residents in the home

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4. Family members who have chronic illnesses, disabilities, or disorders

Name \_\_\_\_\_ Description of condition \_\_\_\_\_

Name \_\_\_\_\_ Description of condition \_\_\_\_\_

Name \_\_\_\_\_ Description of condition \_\_\_\_\_

If you have any questions relating to this form, please refer them to the International Student coordinator.

You will need to provide a personal reference (page 5) that should be turned in directly by your reference in a sealed envelope. Your application does not necessarily mean that an international student will be placed in your home. Likewise, it does not commit you to accept a student until you have received further information.

5. Pets

We have the following pets in our home: \_\_\_\_\_

6. School transportation

If an international student is placed in our family, he/she will get to and from school by:

School  Bus  Family transportation  Walk/bike  Other (please explain) \_\_\_\_\_

Approximate distance to school \_\_\_\_\_

7. Student preferences

We would prefer a:  male student  female student  no preference.

We would prefer a student in grade:  9  10  11  12  no preference.

Please provide other information that you think would be helpful in selecting a student for your family.

Include activities your family enjoys.

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## Background check authorization, release, and acknowledgement

The safety and security of students is extremely important to QCCS. Therefore, it is our policy to run a background check on all host families, volunteers, and employees who will be involved in this program. This practice is endorsed by the U.S. Department of State and is required by the Council on Standards for International Educational Travel (CSIET). Please provide the following information for each individual residing in your household who is 18 years or older. Please print. Copy this form and use additional pages for more individuals. Use each person's full legal name.

Name \_\_\_\_\_

(First Middle Last)

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

(Month Day Year)

Driver's license number \_\_\_\_\_ State of Issue \_\_\_\_\_

Name \_\_\_\_\_

(First Middle Last)

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

(Month Day Year)

Driver's license number \_\_\_\_\_ State of Issue \_\_\_\_\_

Name \_\_\_\_\_

(First Middle Last)

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

(Month Day Year)

Driver's license number \_\_\_\_\_ State of Issue \_\_\_\_\_

Whereas my/our family is considering participation in the QCCS program by serving as a host family, on behalf of the undersigned, I/we agree as follows:

1. I/we acknowledge and affirm that neither the host parents, children, or anyone else living in our household has been:
  - convicted of a criminal offense or charged with a sexual offense, crime of violence, or offense relating to children;
  - reported to a social service agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct involving children;
  - dismissed from employment following an allegation of sexual misconduct, sexual harassment, or other immoral or inappropriate behavior or conduct; or
  - the subject of an investigation, allegation of sexual misconduct, sexual harassment, or other immoral behavior or conduct involving adults or children.

2. I/we do hereby authorize Quad Cities Christian School (QCCS), as it deems necessary, to conduct a background check regarding me/us and any of my/our adult children living in our household for the purposes of determining eligibility to be a host family and meeting the background check requirement.

I/we understand that this background check may include contacting previous employers, educational institutions, churches, and other organizations with which I/we or such children, if any, may have been involved, as well as a check of records of criminal arrests and convictions, abuse, and neglect registry records, and civil judgments involving sexual assault, child abuse, child molestation, sexual harassment, incidents of violence, and other unlawful conduct. I/we understand that this information will be kept confidential and I/we will assist QCCS with conducting a background check in the event it requests my/our assistance.

3. I/we release QCCS and its directors, officers, employees, agents, and representatives of and from any damage or liability to me/us or my/our children resulting from or arising out of such background checks.

4. I/we acknowledge that all information presented in this application is true to the best of my/our knowledge. My/our signature(s) indicate(s) my/our agreement with all statements above.

All adults 18 years of age and older living in the household must sign.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

9. Personal recommendation

Host Family Applicant(s) \_\_\_\_\_

The above named family has offered to host an international student in their home for a school year. Please help us find the best placement for our students by responding to the questions below with complete honesty. Your frankness is greatly appreciated, and we will treat your reply confidentially. Please return this form directly to the person and address provided below. Thank you!  
How long, how intimately, and under what circumstances have you known this family?  
Please comment on why you think this family should or should not serve as a host family.  
Do you have any additional comments about this family?

Name \_\_\_\_\_

(First Middle Last)

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

(Month Day Year)

Address \_\_\_\_\_

(Street City State Zip)

Phone (preferred #) \_\_\_\_\_ E-mail \_\_\_\_\_

Please return this form in a sealed envelope to the International Student Coordinator at the following

Name & Address:

Quad Cities Christian School

Attn: International Program

4000 11th Street

Moline, Illinois 61265