

BRING THE MAGIC OF KOREA INTO YOUR HOME BY BECOMING A HOST FAMILY



The Burbank Sister City Committee (BSCC) is now accepting applications to host visiting exchange students from our sister city in Incheon, Korea. Our Korean guests will be visiting Burbank for two weeks from July 22-August 4, 2014, and you are invited to share your home with them.

To qualify as a Host Family you must agree to all of the following conditions:

1. Be a Burbank resident
2. Have a suitable household that provides privacy and comfort for the visiting student. You will have the option to host for either one or two weeks.
3. Have a safe household equipped with fire alarms/smoke detectors as prescribed by the California Building & Fire Codes.
4. Have everyone in the household age 18 and over fingerprinted by the City of Burbank with Livescan technology prior to hosting.
5. Assume responsibility for all costs associated with the student's visit, including food, entertainment and gifts totaling approximately \$550.

Estimated costs include:

- Housing & meals for 2 weeks.....\$200.00
- Family day outings.....\$200.00
- Gifts for students and their families in Japan.....\$100.00
- Incidental expenses..... \$ 50.00

Completed applications must be submitted by May 1, 2014. Soon after you submit the completed application, you will be contacted by a member of the BSCC to set up a formal interview to determine suitability and to insure that you fully understand the important responsibilities and requirements of a Burbank Host Family. All members of your family are required to attend the interview which will take place in your home. If selected, you will be required to attend the monthly meetings and a few orientation meetings where you will learn about the various exciting aspects of the Korean culture and the students who will be visiting you home. This is a unique growth opportunity for your entire family to learn about a different culture and to share your American values and home life with a young individual from another land.

If you are interested in hosting, please fill out the attached application and return to:

**Burbank Central Library
110 N. Glenoaks Blvd.
Burbank, Ca 91504
Attn: Sharon Cohen
(818) 238-5551
scohen@Burbankca.gov**

**For more information on the
Burbank Sister City program,
please contact:
Sharon Cohen
(818)238-5555
scohen@Burbankca.gov**

**BURBANK SISTER CITY COMMITTEE
STUDENT EXCHANGE PROGRAM
HOST APPLICATION - 2014**

Address _____ City _____ Zip _____

Adult Applicant _____ Spouse or Co-Applicant _____
Last First M / I Last First M / I

Occupation _____ Occupation _____

Month/date/year of birth _____ Month/date/year of birth _____

Home phone () _____ Home phone () _____

Work phone () _____ Work phone () _____

Cell phone () _____ Cell phone () _____

Fax () _____ Fax () _____

e-mail _____ e-mail _____

List all others living at home:

<u>Name</u>	<u>Date of Birth</u>	<u>Sex: M / F</u>	<u>School</u>	<u>e-mail</u>	<u>Cell phone number</u>
1 _____					
2 _____					
3 _____					
4 _____					
5 _____					

Has any member of your household ever been convicted of a crime other than a minor traffic violation? Yes / No If yes, please explain. _____

Upon submission of this application, the City of Burbank requires a report from Livescan Fingerprinting Services which will include information obtained from the Sex Offender Identification Line.

Do you belong to any clubs or organizations? Yes / No Which ones? _____

Do you have any pets? Yes / No (circle one) If yes, please list: _____

Family interests: (mark all that are applicable)

- | | | | |
|---|---|--|---------------------------------------|
| <input type="checkbox"/> Art | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Sailing/boating | <input type="checkbox"/> Watching T V |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Museums | <input type="checkbox"/> Sewing | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Movies | <input type="checkbox"/> Shopping | <input type="checkbox"/> Water skiing |
| <input type="checkbox"/> Backpacking/hiking | <input type="checkbox"/> Opera | <input type="checkbox"/> Snow sports | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Painting/drawing | <input type="checkbox"/> Soccer | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Camping | <input type="checkbox"/> Picnics | <input type="checkbox"/> Swimming | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Photography | <input type="checkbox"/> Table games | <input type="checkbox"/> Fishing |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Raising animals | <input type="checkbox"/> Tennis | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Cycling | <input type="checkbox"/> Reading | <input type="checkbox"/> Travel | <input type="checkbox"/> Jogging |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Riding Horses | <input type="checkbox"/> Theatre | <input type="checkbox"/> |
| <input type="checkbox"/> Other: _____ | | | |

List any other hobbies or interests: _____

Does anyone in your family play a musical instrument? Yes / No Who and which instrument? _____

Does anyone in your family speak a language other than English? Yes / No Who / what language? _____

Will the student share a room? Yes / No If yes, indicate the name, sex, and age of the child they will share the room with. _____

Does anyone living in your family home smoke? Yes / No

Would hosting a student that smoked be ok with your family? Yes / No

Exchange student preference: Male _____ Female _____ No Preference _____

Have you hosted an exchange student before? Yes / No When and from what country? _____

Describe your home, e.g. # bedrooms, baths, pool, etc. _____

Please provide interior and exterior pictures. Attach to page 3.

Does your home have properly installed and functioning smoke detectors? Yes / No

Why do you want to host a student? _____

Would you consider hosting a student from a different program? Yes / No

List two emergency contacts:

Name _____
Address _____
City _____ St ____ Zip _____
Home Phone () _____
Cell Phone () _____

Name _____
Address _____
City _____ St ____ Zip _____
Home Phone () _____
Cell Phone () _____

Host applicants and their families understand and acknowledge by their signatures that Burbank Sister City Committee (BSCC) maintains jurisdiction over all aspects of the program. In the event of any problem between the student and the host family, BSCC reserves the right to remove the student at any time to resolve the situation. I/we confirm and acknowledge that a BSCC representative explained the program to my/our satisfaction and answered all questions. If selected, I/we will be scheduled to attend a host family orientation prior to student arrival. I/we also understand that hosting/housing costs are the sole responsibility of the host family. There are no financial subsidies available. On most days the host family provides breakfast, a sack lunch, and dinner for their exchange student. The costs associated with the planned/itinerary daily activities for each exchange student are the responsibility of BSCC. Transportation to and from the daily drop off point is the responsibility of the host family. Hosts should also provide or assist with laundry needs as necessary.

Weekends are normally available for the host family to plan activities for their exchange student and costs associated therewith are the sole responsibility of the host family. Host parents must participate in a minimum of one day of activities (usually a weekday) as a chaperone. **Hosting does not ensure or guarantee a position as a future exchange student.** Student applicants are judged on their individual merit at the time of application.

Information provided by the host applicant in this document is for the sole use and purpose of determining eligibility as a hosting family for incoming exchange students. Said information is confidential and is viewed or accessed only by the BSCC Hospitality committee.

If this application does not provide sufficient space to answer questions or make comments, please attach additional page(s) to meet your needs.

In submitting this application, we certify that the information provided is complete and accurate to the best of our knowledge. We also understand the obligations outlined above and agree to all conditions imposed or implied by the Burbank Sister City Committee. Falsifying this application will result in disqualification.

Signatures:

Applicant _____ Co-Applicant _____ Date _____

Return Application to: Burbank Sister City Committee
Sharon Cohen, Library Services Director
Burbank Public Library
110 N. Glenoaks Blvd.
Burbank, CA 91502
(818) 238-5551
EMAIL scohen@burbankca.gov

Received by:

Date:

ATTACH PHOTOS HERE