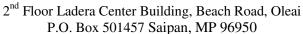
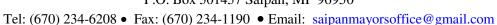


## COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS OFFICE OF THE MAYOR

## MUNICIPALITY OF SAIPAN







## **Host Family Application Form**

Hafa Adai! Thank you for your interest in hosting exchange students from Japan. We are confident that this will be a very rewarding experience for you and your family. Please fill out the Host Family Application form and return it to our office or via fax at 234-1190. One of our staff will be contacting you shortly. Thank You!

Information we receive will be confidential, unless otherwise required by law.

| HOST PARENTS INFORMATION                           |                     |  |                     |  |  |  |
|--|---------------------|--|---------------------|--|--|--|
| Full Name of H                                     | Iost Father (HF)    | Full Name of Host Mother (HM)                      |                     |  |  |  |
| HF Employer  |                     | HM Employer  |                     |  |  |  |
| HF Occupa  | tion/Position       | HM Occupation/Position                             |                     |  |  |  |
| HF E-mail Address                                  |                     | HM E-mail Address                                  |                     |  |  |  |
| Level of Japanese: ( ) Beginner; ( ) Intermediate; |                     | Level of Japanese: ( ) Beginner; ( ) Intermediate; |                     |  |  |  |
| ( ) Professional                                   |                     | ( ) Professional                                   |                     |  |  |  |
| HF Business Phone No.                              | HF Cell Phone No.   | HM Business Phone No.                              | HM Cell Phone No.   |  |  |  |
| HF Date of Birth                                   | HF Country of Birth | HM Date of Birth                                   | HM Country of Birth |  |  |  |
| Mailing Address                                    |                     | Physical Address (Village & Street Name)           |                     |  |  |  |
| SAIPAN, MP 96950                                   |                     | HOME Tel. No.                                      | Other Contact No.   |  |  |  |
|  |                     |  |                     |  |  |  |

| OTHER FAMILY MEMBERS & RESIDENTS INFORMATION |   |     |     |            |              |  |
|--|---|-----|-----|------------|--------------|--|
|  | Names of all children and any other persons | Sex | Age | Grade/     | Relationship |  |
|  | living in your home                         |     |     | Occupation |              |  |
| 1  |   |     |     |            |              |  |
| 2  |   |     |     |            |              |  |
| 3  |   |     |     |            |              |  |
| 4  |   |     |     |            |              |  |
| 5  |   |     |     |            |              |  |
| 6  |   |     |     |            |              |  |
| 7  |   |     |     |            |              |  |
| 8  |   |     |     |            |              |  |

| Please indicate Exchange Program applying for   |   |   |  |   |                      |  |
|---|---|---|--|---|----------------------|--|
| [ ]   | [ ]   | 6   | []                                       | []  | [ ]                  |  |
| KSKK  | Sanpo-l   | En  | Itoda                                    | Johoku-Koto   | Noriebetsu           |  |
| Date: July 28 to Aug. 04, 2014  | July 30 to Augu   | ıst 5, 2014                               |  | Nov. 17 to 21, 2014   |                      |  |
| (1 week homestay)   |   | ,   | (5 days)                                 | (5 days)  |                      |  |
| Ages 9-14   | Ages 11   | -18                                       |  | •   |                      |  |
|   |   | 1   |  |   |                      |  |
| Number of students able to host:  | Preference:   |   |  | onsor a Chaperon?   |                      |  |
| 2 students [ ]  | Male [ ]  |   | se select you                            | ır preference.  |                      |  |
| 3 students [ ]  | Female [ ]  | (1) Male                                  | .44 [ ]                                  | (1) Female [ ]  |                      |  |
| 4 students [ ]  |   | Doesn't m                                 | iatter [ ]                               |   |                      |  |
| <ul> <li>During the exchange:</li> <li>Please provide a safe and welcoming environment for trust and friendship to develop between the student(s) and your family.</li> <li>Support and make the student feel like part of the family, with the same privileges and obligations.</li> <li>Gently encourage the student to learn and adopt most of the ways of your household.</li> <li>Ensure the student knows how to contact family members, friends, and other support networks.</li> <li>Teach the student about the local culture and learn about the student's culture as well.</li> <li>Exercise supervisory and parental responsibility to ensure students well being.</li> <li>Voice any concerns and questions regarding the student to the accompanying Chaperon or Mayor's Office, including serious homesickness, difficulty adapting or illness.</li> </ul> |   |   |  |   |                      |  |
| At least one host parent shall so verifies that the information in this signing.  The undersigned acknowledges background checks of the under By signing below, I hereby ack the best of my ability.  | cluded in the ho<br>s that the Office<br>ersigned's famil | ost family a<br>of the May<br>y, includin | pplication<br>yor of Saip<br>g records o | is accurate and complete<br>an may request or condu<br>f government authorities | e as of<br>act<br>s. |  |
| Host Parent Print Name/Si   | gnature   |   | _  | Date  |                      |  |

| PLEASE SKETCH A MAP SHOV | WING DIRECTIONS TO YOUR RESI | DENCE BELOW |
|--------------------------|------------------------------|-------------|
| STREET NAME:             | VILLAGE:                     |             |

