

Confidential Application for Prospective Host Teen and Family

Please understand that this information is necessary to first, allow our committee to make the best possible match of Host to Guest and, Second, to satisfy our obligation to the family back home in Nr. Ireland that we have done our utmost to provide a positive experience for their child.

HOST TEEN APPLICATION New Orleans Ulster Project

Full Name _____ Year applying _____

Nickname (name you prefer) _____

Address _____

City _____ State _____ Zip Code _____

Your E-mail Address _____

School _____ Current Grade _____

Home Phone (and area code) _____ Cell Phone (and area code) _____

Date of Birth _____ Place of Birth _____

Catholic ___ Protestant ___ (Denomination: _____)

Church / Parish _____

Are there **ANY POSSIBLE** activities (such as a job, summer school, sports, camps, vacations, guests, trips, etc.) that might prevent you from being available for planned meetings leading up to the project month and for participation during any time during the Project month?

Y N If so, please explain fully: _____

From whom or where did you hear about the Ulster Project: _____

We need your T-shirt size. Please circle one (adult sizes): S M L XL XXL

The information on this form will be used to pair you with a Northern Irish teen. Please complete the following questions as carefully and as honestly as possible.

YOUR INTERESTS

MUSIC: What kinds do you like? _____ Do you sing? Y N

What instrument(s) do you play? _____

DANCING: Do you dance? Y N

Any particular kind(s) of dance? _____

SPORTS: What sports do you like? _____

Can you swim across a pool? Y N

What sports do you play? _____

Are you unable to play sports because of health concerns? Y N

Explain: _____

COMPUTERS: Are you interested in computers? Y N

Do you have access to a computer? Y N Where? _____

How often do you use a computer and for what purpose(s)? _____

What are your favorite web-sites? _____

FOOD: What are your favorite foods? _____

What are your least favorite foods? _____

Are you a vegetarian? Y N If yes, please define: _____

Please describe other dietary restrictions you have: _____

Do you have any food allergies? Y N

If yes, please list food(s) and reaction: _____

ACTIVITIES: Please check one	Never	Seldom	Sometimes	Often
I like to watch TV	_____	_____	_____	_____
I like to play video games	_____	_____	_____	_____
I enjoy parties	_____	_____	_____	_____
I talk with one or two friends (rather than a group)	_____	_____	_____	_____
I like being with groups of people	_____	_____	_____	_____
I am comfortable talking in front of a group	_____	_____	_____	_____
I like to study	_____	_____	_____	_____
I like school	_____	_____	_____	_____
I go out on dates	_____	_____	_____	_____
I like to swim	_____	_____	_____	_____
I like to dance	_____	_____	_____	_____
I like to play music (instruments)	_____	_____	_____	_____
I like to listen to music	_____	_____	_____	_____
I like to read	_____	_____	_____	_____
I like participating in sports	_____	_____	_____	_____
I like meeting new people	_____	_____	_____	_____
I like playing board games/cards	_____	_____	_____	_____
I "go out" on week nights during summer vacation	_____	_____	_____	_____

TELL US ABOUT YOURSELF

What are your hopes and plans for the future? (College, Job, etc.?)

Why are you interested in participating in the Ulster Project?

What do you hope to gain from the experience?

What do you believe you can offer as a host teen?

What are your favorite school subjects and why?

How do you spend your free time?

Please list church, club, and volunteer activities, including leadership positions and training:

How would you describe yourself?

Is there anything else we should know about you that will help us make a good match with guest teen from Nr. Ireland?

Very Important: "Biosketch" Please attach a page with a short biography about yourself and your family to share with the Northern Irish teen.

With my signature, I hereby affirm that the information in this application is complete and accurate to the best of my knowledge. I understand that participation in the Ulster Project will involve a major commitment of time both during the preparation stage and during the Project month.

Teen applicant's signature _____ Date _____

CONFIDENTIAL

**Host Family Application
To be completed by a Parent**

Name of Mother:

(Last) (First) (Nickname)

Address: _____

(Street) (City) (State) (Zip Code)

Occupation/Place of Employment: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

(E-mail) _____

Name of Church You Regularly Attend:

Name of Father:

(Last) (First) (Nickname)

Address: _____

(Street) (City) (State) (Zip Code)

(If different than above)

Address: _____

(Street) (City) (State) (Zip Code)

Occupation/Place of Employment: _____

(Home) _____ (Cell) _____ (Work) _____

(E-mail) _____

Name of Church You Regularly Attend:

Family Members: (Please include any step/half children that will be visiting during the month of the Northern Irish teens visit. Also, please list any others living in your home, such as grandparents.)

Full Name	Age	School	Grade
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Do you have any pets? If so, please write the animal type(s) and if allowed in the home:

Does anyone residing in the house smoke? Y N

Are you comfortable with your teen watching PG-13 movies? Y N

Are all family vehicles covered for liability medical insurance/comprehensive insurance?

Y N Company: _____.

Include a copy of proof of insurance.

OUR GUEST TEENS FROM NORTHERN IRELAND ARE NEVER PERMITTED TO RIDE IN A VEHICLE DRIVEN BY A TEEN (host teen or any other teen) WITHOUT SPECIFIC WRITTEN PERMISSION FROM THE COUNSELORS FROM NORTHERN IRELAND.

Are any parental absences anticipated during the project month for any time? Y N

If yes, please explain: _____

Has anyone in your family or household ever been charged with or convicted of a crime other than a minor traffic violation? Yes _____ No _____

Has anyone in your family or household ever been the subject of an investigation involving an allegation of sexual abuse, or had a civil or criminal complaint filed alleging physical or sexual abuse? Yes _____ No _____

If yes to either question, please explain on a separate piece of paper or contact Ulster Project Coordinator in person.

PROSPECTIVE TEEN HEALTH FORM

Understanding the specific needs of the Ulster Project participants helps us ensure your teen will have a more successful and safe summer. **All the following information will be kept strictly confidential and is not for dissemination. At no time during the application process will anyone be discriminated against due to the information given below.**

PLEASE CHECK IF YES, THEN EXPLAIN BELOW

Asthma	_____	Attention Deficit Disorder	_____
Allergies	_____	Attention Deficit Hyperactivity	_____
Hepatitis A, B, or C	_____	Special Diet/Vegetarian	_____
Hearing Loss	_____	Eye/Vision Problems	_____
Blood Disorders	_____	Orthodontics	_____
Anxiety Disorder	_____	Heart Problems	_____
Human Immunodeficiency	_____	Diabetes	_____
Seizures	_____	Tuberculosis	_____
Bone/Joint Problems	_____		
Nose/Throat Disorders (Chronic Strep)	_____		
Daily Medication (please list below)	_____		

Food Allergies/Reaction _____ Do you require an Epipen? _____

Do you have allergies to pets? Y N

Please explain any health history checked yes, or explain any other health considerations not listed:

Are all family members covered by medical insurance? Y N

If yes, please explain _____

Family Physician's name and address:

FAMILY ACTIVITIES INVENTORY

Please check the activities or interests that your family participates in on a regular basis (this information aids in matching guest teen to a household):

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> family dinners | <input type="checkbox"/> hiking | <input type="checkbox"/> picnics |
| <input type="checkbox"/> snow skiing | <input type="checkbox"/> music | <input type="checkbox"/> community work |
| <input type="checkbox"/> water skiing | <input type="checkbox"/> cooking | <input type="checkbox"/> watching TV |
| <input type="checkbox"/> swimming | <input type="checkbox"/> canoeing | <input type="checkbox"/> visiting relatives |
| <input type="checkbox"/> sailing | <input type="checkbox"/> computers | <input type="checkbox"/> jogging |
| <input type="checkbox"/> biking | <input type="checkbox"/> baseball | <input type="checkbox"/> reading |
| <input type="checkbox"/> gardening | <input type="checkbox"/> camping | <input type="checkbox"/> movies |
| <input type="checkbox"/> painting | <input type="checkbox"/> basketball | <input type="checkbox"/> riding horses |
| <input type="checkbox"/> tennis | <input type="checkbox"/> golf | <input type="checkbox"/> church activities |
| <input type="checkbox"/> sports events | <input type="checkbox"/> board games | <input type="checkbox"/> traveling |
| <input type="checkbox"/> other activities. | | |

Please List below

YOUR PERSONAL REFERENCES

Please provide the information below in full for adults who are sufficiently familiar with you to provide a character reference.

PLEASE CONTACT THE REFERENCES THAT YOU ARE LISTING BELOW AND LET THEM KNOW THAT YOU ARE APPLYING TO BE A HOST TEEN/FAMILY FOR THE ULSTER PROJECT AND THAT YOU GIVE THEM PERMISSION TO RESPOND TO OUR QUESTIONS AND THAT YOU WOULD APPRECIATE THEM RESPONDING PROMPTLY.

Comments submitted by references will remain confidential. Applicants will not be allowed to view the references' comments.

REFERENCE FOR THE FAMILY:

A. Pastor, minister or assistant at your church

Name: -----

Phones: ----- E-mail: -----

Address: _____

B. Other personal Family Reference:

Name: -----

Relationship to your family: _____

Phones: _____ .E-mail: _____

Address: _____

REFERENCE FOR THE PROSPECTIVE HOST TEEN:

A. Classroom teacher: (NOT a coach, chaplain, counselor, principal or assistant)

Name: -----

School Address: _____

B: Someone else from your church, school, or community:

Name: -----

Relationship to your family: _____

Phones: _____ E-mail: _____

Address: _____

Parents Acknowledgements

We agree and understand the participation in the Ulster Project involves a major commitment of time. We specifically understand and agree that any "gatherings", announced or unannounced, of Ulster Project teens - other than our own - shall be properly chaperoned at ALL times. I certify that the information provided on this form, or any other forms related to the New Orleans Ulster Project, is true to the best of my knowledge, and I understand that any misstatements or omissions may constitute cause for denial of participation. I authorize the investigation of all statements contained in this personal information statement and application or in any other documents which I may complete during the application process which may involve contacting our family physician and law enforcement authorities. We authorize the references listed in this application to give New Orleans Area Ulster Project any information concerning my character or fitness, and I release all parties from liability for any claims, demands, liabilities, or damages that may result from furnishing such information. Comments from references will not be available to Host Family Applicants.

Mother's Signature

Date

Father's Signature

Date

FAMILY PHOTOGRAPHS

Please attach photos of the prospective host teen and the Family. And don't forget to attach the Teen's Biosketch.