

# IPA INTERNATIONAL YOUTH EXCHANGE PROGRAM

## APPLICATION FORM – HOST FAMILY

1 – HOSTING FAMILY INFORMATION			
1	From Section/Country		
2	Family Name	First Name	
3	Age	4	Age of Children (if applicable)
5	Full Address _____ _____ _____		
6	Tel: (Home)	(Work)	(E-mail)
7	Our Language Is		
8	Other Language Spoken: French <input type="checkbox"/> English <input type="checkbox"/> German <input type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/>		
9	Our Home is Located In: Large City <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> In the countryside <input type="checkbox"/>		
10	We Live In a: Flat/Apartment <input type="checkbox"/> House <input type="checkbox"/>		
11	We Have: Animals <input type="checkbox"/> No Animals <input type="checkbox"/> Type of Animal(s) _____		
12	Photo of Hosting Family Attached <input type="checkbox"/>		
13	Other Information About Hosting Family (in English)		
14	Smokers <input type="checkbox"/> Non-Smokers <input type="checkbox"/>		
15	Signature of IPA Membership Card Holder	16	Date
2 – REQUIREMENTS			
1	Desire to Host a Young Person From: (Country)		
2	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	3	Age
4	Most Suitable Time for Hosting: (Month)		
5	Other Information About the Request (in English)		
FOR OFFICIAL USE			
<b>MEMBER'S IPA SECTION TO SEND COMPLETED FORM TO:</b>			
1. International Youth Exchange Co-Ordinator, Mr Zdenko Prizmič, Mlinarska pot 5, SI-8000 Novo Mesto, Slovenia. Fax: ++386 7 33 80 076 E-Mail: youthexchange@mail.ipa-iac.org			
2. The requested National Section, Secretary General (where appropriate).			
I certify that this IPA family can host a child of an IPA member.			
Signed _____		Position _____	
Section _____		Dated _____	