

Shoals Christian School



INTERNATIONAL STUDENT PROGRAM HOST FAMILY APPLICATION

Family Information:

Date _____

PARENT (GUARDIAN) INFORMATION

1. Guardian Father Name

Last *First* *Middle Initial*

Address _____ Home Phone () _____

City *State* *Zip* Cell () _____

Employer _____ Work Phone () _____

Occupation _____ E-mail _____

Please give a brief personal testimony and also mention your practice concerning Bible study and prayer.

Personal References

Please provide 3 references, including a pastor or church official.

Name *City & State* *Phone#1* *Phone #2* *Relationship*

Name *City & State* *Phone#1* *Phone #2* *Relationship*

Name *City & State* *Phone#1* *Phone #2* *Relationship*

2. Guardian Mother Name

Last _____ *First* _____ *Middle Initial* _____
 Address _____ Home Phone () _____
 _____ Cell () _____
City _____ *State* _____ *Zip* _____
 Employer _____ Work Phone () _____
 Occupation _____ E-mail _____

Please give a brief personal testimony and also mention your practice concerning Bible study and prayer.

Personal References

Please provide 3 references, including a pastor or church official.

<i>Name</i>	<i>City & State</i>	<i>Phone#1</i>	<i>Phone #2</i>	<i>Relationship</i>

The following questions and information apply to both parents.

3. Marital Status: Married Separated Divorced Widowed Single
4. Are there school age children in your family? Yes No Please give name, age, school attending.

5. Name and address of your church: _____

 Pastor's Name: _____ Denomination: _____

Do you attend weekly? Yes No

List any church/Christian ministry in which you have been involved: _____

6. Please indicate your preferences regarding an international student:

Prefer a male student

Prefer a female student

I am willing to host more than one student. Indicate maximum number: _____

I prefer a student in grade ____ (7-12)

7. Do you have pets? Please describe:

Are they indoor or outdoor?

8. What activities does your family enjoy?

9. What is a typical breakfast at your home? How often do you make a hot breakfast?

HOST FAMILY RESPONSIBILITIES

- Provide a warm, accepting, safe, and pleasant environment for the student.
- Provide a comfortable room for the student with bed, dresser, desk, lamp, closet, plus sheets and towels.
- Provide meals for the student every day. A hot breakfast does not need to be prepared each day but please show student all available breakfast food items. A large sack lunch should be prepared for the student. A hot lunch may be purchased by the student with his/her own spending money. Dinner should be a regular hot meal. If you are not present for a meal, please leave food for the student to serve himself/herself.
- Provide transportation to and from airport
- Monitor the student's after-school activities.
- Make sure the student has designated study time each evening.
- Monitor the student's computer use. Laptops/computers are not allowed in the bedroom.
- Make sure the student attends church each Sunday.
- If the student does any traveling with you, please notify the school.
- Provide transportation to and from school
- Foster the student's spiritual growth.

Thank you for your interest in hosting an international student attending Shoals Christian. Priority will be given for families whose own children attend SCS since they are familiar with our school.

We take very seriously the responsibility the students' parents give us to place their student in a loving Christian home. There are certain physical requirements regarding the home also. The home must be clean, fresh smelling, tidy and well maintained. It must be free from pet odors with furniture in good condition and rooms must not be overly crowded. There must be no safety hazards and the home must be secure.

At the time of the home visit, the representative from Shoals Christian will inspect all areas of the home, including the yard. If the home and yard do not meet the above requirements, a student cannot be placed in the home.

NOTE: If there are two parents in the household, each parent must complete background check form and sign the "Applicant's Certification and Agreement" on the following pages.

APPLICANT’S CERTIFICATION AND AGREEMENT

Please carefully read the following statements before signing:

I understand and certify by my signature that:

- I agree to fulfill the Host Family Responsibilities listed on page 3.
- The facts I have given in this application are true and complete to the best of my knowledge.
- I am authorizing Shoals Christian School to investigate any of the facts and contact any individuals, schools, organizations, employers, or other references I have given in this application.
- I am authorizing a criminal records check and a driver’s records check to be conducted on me. I am also authorizing the release of any information which pertains to any record of conviction in police files or any criminal file maintained on me whether state or local.

Applicant #1 Name (please print): _____

Applicant #1 Signature: _____

Date: _____

Applicant #2 Name (please print): _____

Applicant #2 Signature: _____

Date: _____

Please return your application to:

**Shoals Christian School
ATTN: International Programs
301 Heathrow Drive
Florence, AL 35633**

FCRA DISCLOSURE AND ACKNOWLEDGMENT
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION
SCS Account # 006249
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Shoals Christian School ("the Company") may obtain information about you for Volunteer/Host Family purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. An investigative consumer report may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. Please be advised that the nature and scope of the most common form of investigative consumer report obtained is an investigation into your education and/or employment history. You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report.

The report may be generated by **Universal Background Screening (7720 North 16th Street, Suite 200, Phoenix, AZ 85020, 1-877-263-8033, www.universalbackground.com)** or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION (above) and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (separate document) and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and, if I am hired, throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Universal Background Screening**, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature

Date

Full Name (First/Middle/Last)

Social Security Number (SSN)*

Driver License State / Number

Date of Birth*

*This information will be used for background screening purposes only and will not be used as hiring criteria. FCRA:EMPLOYMENT:006249:20121119

