

HOST FAMILY CONTACT FORM

District _____

Student Name: _____

Host Club Counselor: _____

Host Family Name: _____ Home Phone: _____

Address: _____

Work Phone: _____

Cell Phone: _____

Application form completed: ___/___/___

Family Signature: _____

In person host family discussion prior to arrival: ___/___/___

Family Signature: _____

Two References verified: ___/___/___

**Monthly Home Visit: ___/___/___

Family Signature: _____

**Two meetings to be held spontaneously
___/___/___

Rotarian Signature: _____

___/___/___ ___/___/___ ___/___/___ ___/___/___

___/___/___ ___/___/___ ___/___/___ ___/___/___

Copy of State Dept. 62.25: _____

Counselor Meeting With Student: ___/___/___
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Student to new host family: ___/___/___ Family Name: _____

Signature of Rotarian Counselor _____ Date: _____