

**4-H STATE EXCHANGE APPLICATION
OUT-OF-STATE ADULT CHAPERONE
Valley County, MT**

THIS SPACE IS FOR FAMILY OR PERSONAL
PHOTO
(MAY BE INFORMAL)

TRIP DATE _____

**DATE YOU SUBMITTED THIS
APPLICATION** _____

PLEASE PRINT OR TYPE

NAME:	GENDER:	AGE(Optional)
ADDRESS:		
PHONE:	E-MAIL ADDRESS:	
OCCUPATION:	DAYTIME PHONE:	

OTHERS IN HOME

NAME	GENDER	AGE	HOBBIES/INTERESTS/PERSONALITY TRAITS

LOCATION OF HOME: ___ Town ___ Rural Non-Farm ___ Farm ___ Ranch

DOMESTIC ANIMALS: _____

FARM ANIMALS: _____

TYPES OF CROPS: _____

Are animals allowed in the house? ___ Yes ___ No

FAMILY INTERESTS: _____

CHECK BOXES WHICH APPLY:

- SMOKING HOUSEHOLD NON-SMOKING HOUSEHOLD
 SMOKING FORBIDDEN IN OUR HOUSE APARTMENT
 SINGLE FAMILY HOUSE MOBILE HOME HOME

ARE SPECIAL HEALTH CONSIDERATIONS IN THE FAMILY? YES NO

IF YES, PLEASE EXPLAIN: _____

WOULD YOUR OUT-OF STATE DELEGATES BE EXPECTED TO ATTEND CHURCH WITH YOU?

YES NO OPTIONAL RELIGION (OPTIONAL) _____

HAS YOUR FAMILY HOSTED AN EXCHANGE PARTICIPANT BEFORE? YES NO

NAME	NAME OF PROGRAM	YEAR

WHAT PREVIOUS TRAVEL EXPERIENCE HAVE YOU HAD?

STATE OR COUNTRY	LENGTH OF STAY	YEAR	PURPOSE (Vacation, Exchange, etc.)

WHAT ARE YOUR HOBBIES AND SPECIAL INTERESTS? _____

WHAT PREVIOUS EXPERIENCE DO YOU HAVE WORKING WITH TEENS THROUGH 4-H AND OTHER GROUPS?

MANY DIFFERENT LEADERSHIP SKILLS ARE NEEDED IN INTERSTATE EXCHANGES. PLEASE DESCRIBE ANY EXPERIENCE YOU HAVE HAD WITH THE FOLLOWING:

DEALING WITH HOMESICKNESS
GROUP FACILITATION
DELEGATING WORK TO TEENS AND SUPPORTING THEIR EFFORTS
HANDLING TRAVEL ARRANGEMENTS
TOUR PLANNING
PUBLICITY
GROUP EVENT PLANNING
FUND RAISING
BOOKKEEPING
CONFLICT MANAGEMENT
OTHER LEADERSHIP SKILLS (EXPLAIN)
ORGANIZATIONAL LEADER
PROJECT LEADER

IN THE FOLLOWING CATEGORIES, CHECK AS MANY BOXES AS MAY APPLY TO YOU.

YOUR PERSONALITY CHARACTERISTICS:

STUDYING	<input type="checkbox"/>	SHOPPING	<input type="checkbox"/>
EATING	<input type="checkbox"/>	SWIMMING	<input type="checkbox"/>
SHOPPING	<input type="checkbox"/>	WALKING	<input type="checkbox"/>
SINGING	<input type="checkbox"/>	COOKING	<input type="checkbox"/>
MUSIC	<input type="checkbox"/>	TENNIS	<input type="checkbox"/>
SPORTS	<input type="checkbox"/>		<input type="checkbox"/>

TIDY	<input type="checkbox"/>	CURIOUS	<input type="checkbox"/>
SHY	<input type="checkbox"/>	EMOTIONAL	<input type="checkbox"/>
CHEERFUL	<input type="checkbox"/>	QUIET	<input type="checkbox"/>
PATIENT	<input type="checkbox"/>	TALKATIVE	<input type="checkbox"/>
LAUGH A LOT	<input type="checkbox"/>	SOCIABLE	<input type="checkbox"/>
TOLERANT	<input type="checkbox"/>	SERIOUS	<input type="checkbox"/>
OTHER	<input type="checkbox"/>		<input type="checkbox"/>

WHAT DO YOU USUALLY DO IN YOUR FREE TIME?
WATCHING

MOVIES		MUSEUMS	
READING		STUDYING	
SHOPPING		SPORTS EVENTS	
OTHER			

WHAT TYPE OF TV PROGRAMS DO YOU ENJOY?

EDUCATIONAL		ADVENTURE	
GAME SHOWS		MUSICALS	
COMEDIES		DRAMA	
MOVIES		SPORTS	
NEWS		NONE OR VERY LITTLE TV	

WHAT KIND OF BOOKS TO YOU ENJOY?

SCIENCE FICTION		CLASSICS	
MYSTERIES		POETRY	
TEXT BOOKS		NON-FICTION	
OTHER		FICTION	

WHAT TYPE OF MUSIC DO YOU ENJOY?

CLASSICAL		SHOW-TUNES	
DISCO		POPULAR	
FOLK		COUNTRY & WESTERN	
JAZZ		ROCK	
NONE			

WHAT QUALITIES DO YOU VALUE MOST IN PEOPLE?

LOYALTY		KINDNESS	
PATIENCE		INTELLIGENCE	
SENSE OF HUMOR		DECISIVENESS	
POLITENESS		HONESTY	

WE UNDERSTAND/CONFIRM THAT AS A HOST FAMILY: (PLEASE INITIAL)

- _____ Our family will be expected to treat the out-of-state delegate as one of the family members. The delegate will be included in all family activities and will be informed of family rules and responsibilities.
- _____ Arrangements will be made for the out-of-state delegate and host to participate in all designated group activities during the exchange.
- _____ Orientation session(s) will be held and orientation materials will be sent to us. We are expected to read the information and familiarize ourselves with this material in preparation for the exchange.
- _____ Family must be flexible while hosting and must keep the safety of the out-of-state delegate in mind at all times. All family members must make sure the delegate feels comfortable around friends and family and feels included in activities.
- _____ No member of our family has ever been convicted of child abuse, drug abuse, or any other felony criminal offense.
- _____ We will contact our county exchange coordinator, and/or Extension Agent immediately if illness or a problem/concern is evident.

SIGNATURE _____ DATE _____