

-CCSIP Representative Use Only-

Student Name _____	Date of Interview: _____	Airport _____
<input type="checkbox"/> Male	Student Date of Birth _____	Student's Family and Given Name _____
<input type="checkbox"/> Female	Host Family Name _____	Host Family Phone Number _____



# CCS International Program

## Host Family Application

Phone: 951-674-9381  
 Fax: 951-674-8462

*"Building a legacy of faith, virtue and influence." – 2 Peter 1:5-8*

Date \_\_\_\_\_ Arriving \_\_\_\_\_  
Month Year

Host Father \_\_\_\_\_  
Full Name Age (optional)

Host Mother \_\_\_\_\_  
Full Name Age (optional)

Family Home Address \_\_\_\_\_  
Street

City, State, Zip/Postal Code \_\_\_\_\_

Home Telephone(s) (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Cell Number(s) (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Host Father Host Mother

Business Telephone(s) (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Host Father Host Mother

E-mails \_\_\_\_\_  
Host Father Host Mother

First Host Parent's Occupation/Title/Employer \_\_\_\_\_

Second Host Parent's Occupation/Title/Employer \_\_\_\_\_

Name/Address/Phone of person (not living with host family) to contact in case of emergency:  
 \_\_\_\_\_

Host Family's Children (also indicate those not living at home):

Name	Age	Sex	School/Occupation	Living at Home?
_____	_____	_____	_____	___ Yes ___ No
_____	_____	_____	_____	___ Yes ___ No
_____	_____	_____	_____	___ Yes ___ No
_____	_____	_____	_____	___ Yes ___ No

Please list all activities in which your family engages (recreational, social, cultural, musical, religious, etc.)

Name	Activities
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Why do you wish to host a CCSIP exchange student? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

How did you hear about CCSIP? Church \_\_\_\_\_ School Counselor/Teacher \_\_\_\_\_ CCSIP Exchange Student \_\_\_\_\_

CCSIP Host Family \_\_\_\_\_ School Website \_\_\_\_\_ Other \_\_\_\_\_

As CCSIP students are conversant in English, it is important that English is spoken among family members. What language is spoken at home? \_\_\_\_\_

\_\_\_\_\_

**We have reviewed the “Rules for CCSIP Students” and agree to host a CCSIP Exchange Student under the conditions outlined in the signed CCSIP Host Family Contract.**

\_\_\_\_\_

Host Father Signature Date

\_\_\_\_\_

Host Mother Signature Date



# CCS International Program

**Each family member over the age of 18 years must complete and sign this form**

Student Name: \_\_\_\_\_

Host Family Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Criminal Background Check Authorization Form

Each of the undersigned (a "family member") authorizes CCSIP, at any time while a student is a member of the host family, to obtain a report on him/her that may include social security verification and criminal history records. This report will not include a credit report.

Each family member understands that he/she is entitled to a complete and accurate disclosure of the nature and scope of any investigative report of which he/she is the subject upon his/her written request to CCSIP.

Each Family member further authorizes any person, business entity or governmental agency that may have information relevant to him/her to disclose the information to CCSIP.

Each family member hereby releases CCSIP, their employees and agents, and any and all persons, business entities and government agencies that provide information to CCSIP from any and all liability resulting from the furnishing of this information to CCSIP.

1. Name (please print): \_\_\_\_\_  
Family/Surname Given Name Middle Given Name

Former Names: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

SS#: \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MO) (Day) (Year) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Name (please print): \_\_\_\_\_  
Family/Surname Given Name Middle Given Name

Former Names: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

SS#: \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MO) (Day) (Year) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3. Name (please print): \_\_\_\_\_  
Family/Surname Given Name Middle Given Name

Former Names: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

SS#: \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MO) (Day) (Year) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. Name (please print): \_\_\_\_\_  
Family/Surname Given Name Middle Given Name

Former Names: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

SS#: \_\_\_\_\_ DOB \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(MO) (Day) (Year) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For CCSIP Use Only (Must be completed to confirm student placement):**

Reference Form (Please check the box that applies)

- Completed over the phone. Name of Interviewer: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_
- Completed by Reference. Verified by: \_\_\_\_\_  
Comments: \_\_\_\_\_  
  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**CONFIDENTIAL HOST FAMILY REFERENCE FORM**

It is required that all Host Family applicants for CCSIP provide three (3) confidential references to the organization. These references should be completed by persons who have known the applicant(s) for over two (2) years. At least one reference should be drawn from each of the following categories:

1. Employment Reference-current employer or business partner.
2. Personal Character Reference-close friend, neighbor, professional or business colleague.

The following information will be considered *strictly confidential* and will not under any circumstances be released to the Host Family applicant. **Please complete this form immediately and mail it to:**

**Marie Killinger**  
**International Student Director/PDSO**  
**Cornerstone Christian School**  
**34570 Monte Vista Drive**  
**Wildomar, CA 92595**

**Please print clearly or type:**

\_\_\_\_\_  
Student Name (If Known)

Applicant(s) Name \_\_\_\_\_  
Family Given Family Given

Address \_\_\_\_\_  
Street Address/P.O. Box City State Zip Code

Phone Number (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work

Name of Reference \_\_\_\_\_  
Family Given

Address of Reference \_\_\_\_\_  
Street Address/P.O. Box City State Zip Code

Reference's Phone Number (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work

If necessary, what are the best times to phone you at home? \_\_\_\_\_  
Is it okay to phone you at work? \_\_\_\_\_

1. How many years have you known the applicant(s)? \_\_\_\_\_

2. How well do you know the applicant(s)? \_\_\_\_\_

3. Please describe your relationship to the applicant(s). \_\_\_\_\_  
\_\_\_\_\_

4. If a couple, do you know one person better than the other? \_\_\_\_\_ If yes, which person? \_\_\_\_\_

5. How would you describe the quality of the relationship between host parents (if applicable)? \_\_\_\_\_  
\_\_\_\_\_

6. How would you describe the quality of the relationship between parent(s) and children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How would you describe the neatness, cleanliness, and maintenance of the family's home/apartment and the surrounding neighborhood? \_\_\_\_\_  
\_\_\_\_\_

8. How would you describe the physical and mental health of all family members? \_\_\_\_\_  
\_\_\_\_\_

9. Are you aware of any family member or household resident with a history of drug or alcohol abuse, family violence (perpetrator), sexual deviance or abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Are you aware of any family member having ever been arrested for or convicted of a felony? \_\_\_\_\_  
If so, explain. \_\_\_\_\_  
\_\_\_\_\_

11. If it was your son or daughter, would you feel perfectly comfortable allowing him or her to live with this family? \_\_\_\_\_  
If no, explain. \_\_\_\_\_  
\_\_\_\_\_

12. Please rate (or give your impression of) the Host Family applicant(s) on the following characteristics:

	Excellent	Very Good	Good	Fair	Poor
Moral Character	_____	_____	_____	_____	_____
Physical Health	_____	_____	_____	_____	_____
Mental Health	_____	_____	_____	_____	_____
Cleanliness/Neatness	_____	_____	_____	_____	_____
Economic Sufficiency	_____	_____	_____	_____	_____
Conscientiousness	_____	_____	_____	_____	_____
Job Security	_____	_____	_____	_____	_____
Cultural Tolerance	_____	_____	_____	_____	_____
Financial Stability	_____	_____	_____	_____	_____
Good Citizenship	_____	_____	_____	_____	_____

If "Fair" or "Poor", please explain to whom you are referring and why you feel so. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Would you be interested in hosting a student or do you know of someone who would like to host an exchange student? \_\_\_\_\_

\_\_\_\_\_

14. General Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The information provided, to the best of my knowledge, is accurate

\_\_\_\_\_

Full Name of Reference

Signature of Reference

Date

Thank you for your Response!

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\_\_\_\_\_  
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Applicant(s) Name \_\_\_\_\_  
Family Given Family Given

Address \_\_\_\_\_  
Street Address/P.O. Box City State Zip Code

Phone Number (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work

Name of Reference \_\_\_\_\_  
Family Given

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If necessary, what are the best times to phone you at home? \_\_\_\_\_

Is it okay to phone you at work? \_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

7. How would you describe the neatness, cleanliness, and maintenance of the family's home/apartment and the surrounding neighborhood? \_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_

9. Are you aware of any family member or household resident with a history of drug or alcohol abuse, family violence (perpetrator), sexual deviance or abuse? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain. \_\_\_\_\_  
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Economic Sufficiency	_____	_____	_____	_____	_____
Conscientiousness	_____	_____	_____	_____	_____
Job Security	_____	_____	_____	_____	_____
Cultural Tolerance	_____	_____	_____	_____	_____
Financial Stability	_____	_____	_____	_____	_____
Good Citizenship	_____	_____	_____	_____	_____

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\_\_\_\_\_

\_\_\_\_\_

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14. General Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_  
 \_\_\_\_\_

The information provided, to the best of my knowledge, is accurate  
 \_\_\_\_\_

Full Name of Reference \_\_\_\_\_ Signature of Reference \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your Response!