

**Youth Exchange – Request for a Host Family**  
(to be filled in by the concerned adolescent and his/her parents)

Family name : \_\_\_\_\_

First name : \_\_\_\_\_

Country / Nationality: \_\_\_\_\_

Date of birth : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

Phone number and fax: \_\_\_\_\_

E – mail : \_\_\_\_\_

School level : \_\_\_\_\_

Age of my brothers and sisters: \_\_\_\_\_

Religion : \_\_\_\_\_

My father's profession : \_\_\_\_\_

My mother's profession: \_\_\_\_\_

Requested exchange period : \_\_\_\_\_

Length of stay : \_\_\_\_\_

Country requested : \_\_\_\_\_

We prefer an exchange :  yes  no

We accept equally a journey as a paying guest:  yes  no

My mother tongue : \_\_\_\_\_

I understand the following languages: \_\_\_\_\_

I speak the following languages: \_\_\_\_\_

I have the following interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Character and short description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remarks : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please enclose photography.**

**I agree to participate in this exchange.**

**Date and signature of the participating teenager:**

\_\_\_\_\_

**Discharge of liability:**

The association declines any responsibility about the choice of the host family.

The parents are giving the total discharge to the association with their signature.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

**Protection of personal data – Opt-In:**

The parents and additionally (where aged 16 years or more) the young person authorise by their signature the

« Jugendaustausch » to use their personal data for the purposes of the «Jugendaustausch».

Personal data will not be transmitted or made available to third parties or for other purposes. They will be held in strict confidence and will be destroyed on express demand.

Parents

Signature : \_\_\_\_\_

City and date : \_\_\_\_\_

Teenager

Signature : \_\_\_\_\_

City and date : \_\_\_\_\_

\_\_\_\_\_