



**SOLACE**  
FOR THE CHILDREN

**SUMMER 2010 HOST APPLICATION**

**Applications due March 15, 2010.**

*Thank you for opening your hearts and home to a child in need. The information requested is required of all families desiring to host children. All information will be held in the strictest confidence. If you have any questions please call the Coordinator of your local branch of Solace For The Children.*



**Please mail completed application, along with a copy of current driver's license for all licensed drivers in the household, and a non-refundable \$15 processing fee to the Coordinator of your local branch of Solace For The Children. The address can be obtained online at [WWW.SOLACEFORTHECHILDREN.ORG](http://WWW.SOLACEFORTHECHILDREN.ORG). NOTE: First-time hosts must include an additional fee of \$20 per each person in the household over 18, to cover the cost of criminal background checks. Please make checks payable to Solace For The Children.**

Mother's Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

*I authorize Solace For The Children, Inc. to obtain a criminal records check on me. I authorize all state, federal, and local law enforcement agencies to release to Solace For The Children any information they maintain in their records about me, and I release the law enforcement agencies, Solace For The Children, and the individuals receiving the information from any liability resulting from such disclosure.*

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth (M/D/Y) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

*I authorize Solace For The Children, Inc. to obtain a criminal records check on me. I authorize all state, federal, and local law enforcement agencies to release to Solace For The Children any information they maintain in their records about me, and I release the law enforcement agencies, Solace For The Children, and the individuals receiving the information from any liability resulting from such disclosure.*

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Family's Street Address \_\_\_\_\_

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

County Of Residence \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

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

E-mail (to receive host family information) \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Mother (Cell) \_\_\_\_\_

Father (Cell) \_\_\_\_\_

*(continued)*

Please list other members of your household.

Name

Relation

Date of Birth (M/D/Y)

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**Please note that anyone over 18 who will be staying in the home with the visiting child will be subject to a criminal background check.**

Does any resident of your home have a criminal record or case pending involving the Department of Social Services? \_\_\_\_\_

We would like to host this returning child \_\_\_\_\_

We would like to host a first-time child.

We prefer to host  a boy  a girl in the age range of  7 to 11 years  12 to 15 years old.

We would like to host an adult interpreter/chaperone.

I would like to become a branch coordinator.

If you are hosting a child, will there be an adult present at all times during the visit? \_\_\_\_\_

Do you have at least \$300,000 in liability insurance with your homeowner policy? \_\_\_\_\_

Why do you want to host? \_\_\_\_\_

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Religious Affiliation \_\_\_\_\_

Place Of Worship \_\_\_\_\_

Phone \_\_\_\_\_

*I recommend the family making this application to participate in the 2010 Summer Hosting Program. In making this recommendation I commit my church to accept financial responsibility for the cost of bringing the child(ren) hosted to this country. I understand that the cost of sponsorship for 2010 is \$5,000 per child.*

Leader's Signature From Place Of Worship \_\_\_\_\_ Date \_\_\_\_\_

Leader's Name (Please print.) \_\_\_\_\_

Please provide the name and phone numbers of two individuals who are not members of your family but who know your family well.

1. Reference's Name \_\_\_\_\_

Reference's Phone \_\_\_\_\_

2. Reference's Name \_\_\_\_\_

Reference's Phone \_\_\_\_\_

Please provide directions to your house from closest major highway. \_\_\_\_\_

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