



**ULSTER PROJECT
HOST FAMILY APPLICATION**

Please attach
a recent
photograph of
host teen here.

Please use Black or Blue ink only!

HOST TEEN INFORMATION

Name (in full)		Cell Phone	
Nickname		Birthdate	Age
Height	Weight	School and Grade level	
T-shirt size (circle one adult size) S M L XL			

TO BE COMPLETED BY PROSPECTIVE HOST FAMILY

Street Address	City, State ZIP	Home Phone	
Father's Name	Occupation-Employer	Work Phone	Cell Phone
Mother's Name	Occupation-Employer	Work Phone	Cell Phone
e-MAIL ADDRESS - FAMILY			
- TEEN			
Name of Church teen attends			
If all family members are not of the same denomination, please specify which other denominations are represented in your family			
Please list the Names and Ages of all brothers and sisters.			

FAMILY HOME:

- 1 Will the guest share a room with host teen?_____
2. Are there other teens in your area?_____
3. Do you have access to any special recreational facilities? (pool, tennis courts, etc.)_____ If yes, please specify _____
4. Do you have any indoor pets?_____If yes, specify _____
5. Does anyone in the household smoke? _____
6. Family interests, hobbies, etc. What kinds of things does your family like to do together? _____

MEDICAL INFORMATION:

1. Family Doctor _____ Phone_____
 2. Host teenager's health (list allergies, restrictions, etc.)_____
- _____

REFERENCES:

1. FOR FAMILY (Preferably pastor, priest or other clergy)

Name	Phone
Street Address	City, State Zip

2. FOR HOST TEEN (teacher/counselor, or neighbor/family friend)

Ref. #1 Name	Relationship	Phone
Street Address	City, State	Zip
Ref. #2 Name	Relationship	Phone
Street Address	City, State	Zip

TO BE COMPLETED BY PROSPECTIVE HOST TEEN

Please check "often" "sometimes" or "never" for the following statements. Please be honest since this will help us match you to your N. Irish teen.

SOCIAL ACTIVITIES

- | | Often | Sometimes | Never |
|--|-------|-----------|-------|
| 1. I like to watch television.
What are your favorite programs? | _____ | _____ | _____ |
| 2. I enjoy noisy parties. | _____ | _____ | _____ |
| 3. I like to listen to music.
What type of music? Which groups? | _____ | _____ | _____ |
| 4. I like to e-mail or chat on-line. | _____ | _____ | _____ |
| 5. I like to play video games. | _____ | _____ | _____ |

TALENTS

- | | | | |
|---|-------|-------|-------|
| 6. I can play musical instruments.
Which one(s)? | _____ | _____ | _____ |
| 7. I like to play sports.
Which sports? | _____ | _____ | _____ |
| 8. I like school.
What's your favorite subject?

Least favorite? | _____ | _____ | _____ |

PEER INTERACTIONS

- | | | | |
|---|-------|-------|-------|
| 9. I like to talk to one or two
friends rather than a group. | _____ | _____ | _____ |
| 10. I'm very outgoing in a group. | _____ | _____ | _____ |
| 11. I like to date. | _____ | _____ | _____ |
| 12. I like to meet new people. | _____ | _____ | _____ |
| 13. I like to have time to myself. | _____ | _____ | _____ |
| 14. I like to take risks. | _____ | _____ | _____ |

FAMILY LIFE

- | | | | |
|---|-------|-------|-------|
| 15. I have specific chores at home. | _____ | _____ | _____ |
| 16. I can talk to my parents about
(almost) anything. | _____ | _____ | _____ |
| 17. I like to hang out at home.
What's the best part of the day at home? | _____ | _____ | _____ |
| 18. I'm a Morning Person, awake &
ready to go early. | _____ | _____ | _____ |
| 19. I'm a Night Owl, staying up late. | _____ | _____ | _____ |

TELL US ABOUT YOURSELF (HOST TEEN)

How do you normally spend your free time?

What church, school and community activities do you participate in?

What are your hopes or plans for the future?(College, Marriage, Career, etc.)

What do you hope to gain from being part of the Ulster Project?

FAMILY COMMITMENT EXPECTATIONS

The host family is expected to welcome the Northern Irish teen as a part of their family. Therefore, the family needs to be available throughout the entire period that the Northern Irish teens are here. Typically this period lasts about four weeks from the last week of June through the last week of July. Participation in all Ulster Project activities is mandatory for the host teen.

WE AFFIRM THAT ALL OF THE INFORMATION IS TRUE TO THE BEST OF OUR KNOWLEDGE.

Signature of Parent Date

Signature of Parent Date

Signature of Host Teen Date

Please complete and return application to:

Ulster Project of East Tennessee
Attn: Donna McCoy
5974 Highway 126
Blountville, TN 37617

Contact one of the following for more information or if you have questions.

Donna McCoy 323-1889
Russ Brogden 288-2496

PARENT'S CONSENT FOR EMERGENCY MEDICAL TREATMENT

TEEN'S NAME: _____ Age _____ Phone _____

ADDRESS: _____

CITY: _____ State _____

EMERGENCY PHONE #: _____ Name & Relationship to Teen _____

PARENT AUTHORIZATION:

In the event of an emergency, I hereby give my permission to the physician or hospital selected by The Ulster Project and/or any of its Board of Directors to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for my son/daughter/ward.

My son/daughter/ward _____ may or _____ may not (check one) be given aspirin or aspirin substitute. The medications that my son/daughter/ward is allergic to are as listed below.

Signature of Parent or Guardian Date

List of Medication Allergies:

TO BE COMPLETED BY HOST TEEN!
Use The Space Below To Briefly Explain
Why You Would Like To Participate
In The ULSTER PROJECT This Summer.