



Teen and Host Family Application Checklist

Thank you for your interest in Ulster Project Louisville! This document contains all of the forms you will need to apply for participation in the Ulster Project Louisville. **Completion of this application is not a guarantee of participation.** All applicants will be interviewed and a home visit will be conducted. Eight teens (4 girls and 4boys) are then selected by the Host Families Committee. **NOTE: Upon acceptance in the Ulster Project Louisville, a physical form signed by a doctor is required and must be received prior to your participation.**

1. **Host Teen Application** – to be completed by the Teen applicant
2. **Your Interests** – written by the Teen, about the Teen. We want to get to know you better.
3. **Bio-sketch** – to be completed by the Teen and forwarded to the Northern Irish guest and family.
4. **Photo of Prospective Teen** – wallet-size school photo, head shot, is ideal.
5. **Host Family Application** – to be completed by a parent/guardian
6. **Prospective Teen Health Form** – to be completed by a parent/guardian
7. **Family Activities Inventory** – to be completed by a parent/guardian
8. **Consent and Release Form** – to be completed by a parent/guardian
9. **Authorization for Release of Information** (background check – 2 pages) – to be completed by EACH adult (age 18+) in the Teen applicant household who will be living in the home during the Project month. (Please make additional copies of this 2-page form, as needed, for the number of adults in your household.)
10. **Your Personal References** – to be completed by a parent/guardian
11. **Photo of Prospective Teen & Family** – casual snapshot of the family.

All of the above should be mailed to:

**Ulster Project Louisville
2019 Host Family Chair
c/o Kelly Shrode
16501 Gallo Court
Louisville, KY 40245**

If you have any questions, please contact Host Family Chair- Kelly Shrode (502) 439-1603 or Melinda & Darrell Leonard at (859) 221-8336, or email both at louisvilleup@gmail.com

For Ulster Committee use only:

Date Application Received _____

Comments:

Confidential Application for Prospective Host Teen and Family

(Please understand that this information is necessary to first, allow our committee to make the best possible match of Host to Guest and, second, to satisfy our obligation to the family back home in Northern Ireland that we have done our utmost to provide a positive experience for their child.)

**Ulster Project Louisville
HOST TEEN APPLICATION**

To be completed by the teen.

(Please print in BLOCK LETTERS or use a computer to complete)

Applicant Full Name: _____ Year applying _____

Nickname (name you prefer): _____ Your Cell: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Your Email Address: _____

Your Birth Date (MM/DD/CCYY): _____ Place of Birth: _____

Your School: _____ Current Grade: _____

Your T-Shirt Size: *Please Check One* (adult sizes) S M L XL XXL

Name(s) of Parents'/Guardians' Names: _____

Parent Cell _____ Parent Email: _____

Catholic _____ Protestant _____ (Denomination) _____

Church/Parish: _____

Are there ANY POSSIBLE activities (such as a job, summer school, sports, camps, vacations, guests, trips, etc.) that might prevent you from being available for planned meetings leading up to the project month and for participation during any time during the Project month? (check one): Y N
If yes, please explain fully:

From whom or where did you hear about the Ulster Project:

The information on this form will be used to match you with your host teen and family. Therefore, if you complete the questions carefully and honestly, your chance of a suitable match will be improved.

YOUR INTERESTS

MUSIC: What kind do you like? _____ Do you sing? Y N

What instruments do you play? _____

DANCING Do you dance? Y N Any particular kind(s) of dance? _____

SPORTS What sports do you like? _____

Can you swim across a pool? Y N

What sports do you play? _____

Are you unable to play sports because of health concerns? Y N Explain: _____

COMPUTERS Are you interested in computers? Y N

Do you have access to a computer? Y N Where? _____

How often do you use a computer and for what purpose(s)? _____

What are your favorite web-sites? _____

FOOD What are your favorite foods? _____

What are your least favorite foods? _____

Are you a vegetarian? Y N If yes, please define: _____

Please describe other dietary restrictions you have: _____

Activities	<i>Please check one</i>	Never	Seldom	Sometimes	Often
I like to watch TV.		_____	_____	_____	_____
I like to play video games.		_____	_____	_____	_____
I enjoy parties.		_____	_____	_____	_____
I talk with one or two friends (rather than a group).		_____	_____	_____	_____
I like being with groups of people.		_____	_____	_____	_____
I am comfortable talking in front of a group.		_____	_____	_____	_____
I like to study.		_____	_____	_____	_____
I like school.		_____	_____	_____	_____
I go out on dates.		_____	_____	_____	_____
I like to swim.		_____	_____	_____	_____
I like to dance.		_____	_____	_____	_____
I like to play music (instruments).		_____	_____	_____	_____

Activities	<i>Please check one</i>	Never	Seldom	Sometimes	Often
I like to listen to music.		_____	_____	_____	_____
I like to read.		_____	_____	_____	_____
I like participating in sports.		_____	_____	_____	_____
I like meeting new people.		_____	_____	_____	_____
I like playing board games/cards.		_____	_____	_____	_____
I “go out” on week nights during summer vacation.		_____	_____	_____	_____

Tell us more about yourself

REMEMBER THIS IS YOUR OPORTUNITY TO TELL US ABOUT YOU.

(Please print in BLOCK LETTERS or use a computer to complete)

(Please use a separate piece of paper to answer the following)

1. What are your hopes or plans for the future (college, job, etc.)?

2. Why are you interested in participating in the Ulster Project?

3. What do you hope to gain from the experience?

4. What do you think YOU can offer to the project?

5. What are your favorite school subjects and why?

6. How do you spend your free time?

7. Please list church, club, school, and volunteer activities, including leadership positions and training.

8. How would you describe yourself?

9. Is there anything else we should know about you that will help us make a good match with guest teen from Northern Ireland?

Very Important: “Bio-sketch”

Please write a short biography about yourself and your family that we can share with the Northern Irish teen before arrival.

(Please print in BLOCK LETTERS or use a computer to complete)

PHOTO OF PROSPECTIVE HOST TEEN

Please attach a wallet-size school photo (head-shot is ideal).

With my signature, I hereby affirm that the information in this application is complete and accurate to the best of my knowledge. I understand that participation in the Ulster Project will involve a major commitment of time both during the preparation stage and during the Project month.

Teen applicant’s signature _____ Date _____

Ulster Project Louisville
HOST FAMILY APPLICATION

To be completed by a Parent
(Please print in BLOCK LETTERS or use a computer to complete)

Name of Mother:

(Last) (First) (Nickname)

Address: _____
(Street) (City) (State) (Zip Code)

Occupation/Place of Employment: _____

Telephone (Mother): (Home) _____ (Cell) _____

(Work) _____ (Email) _____

Name of Church You Regularly Attend:

Name of Father:

(Last) (First) (Nickname)

Address:

(If different than above) (Street) (City) (State) (Zip Code)

Occupation/Place of Employment: _____

Telephone (Father): (Home) _____ (Cell) _____

(Work) _____ (Email) _____

Name of Church You Regularly Attend:

Family Members: (Please include any step/half children that will be visiting during the month of the Northern Irish teens visit. Also, please list any others living in your home, such as grandparents.)

Full Name	Age	School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any pets? If so, please write the animal type(s) and if they are allowed in the house:

Does anyone living in the house smoke? Y N

Are all family members covered by medical insurance? Y N

Medical Insurance Company: _____

Are any parental absences anticipated during the project month for any time? Y N If yes, please explain:

Are you comfortable with your teen watching PG-13 Movies? Y N

Are all family vehicles covered for liability and medical insurance? Y N

Automobile Insurance Company: _____

OUR GUEST TEENS FROM NORTHERN IRELAND ARE NEVER PERMITTED TO RIDE IN A VEHICLE DRIVEN BY A TEEN (host teen or any other teen) WITHOUT SPECIFIC WRITTEN PERMISSION FROM THE COUNSELORS FROM NORTHERN IRELAND.

PROSPECTIVE TEEN HEALTH FORM

Understanding the specific needs of the Ulster Project participants helps us ensure your teen will have a more successful and safe summer. All the following information will be kept strictly confidential and is not for dissemination. At no time during the application process will anyone be discriminated against due to the information given below.

PLEASE CHECK IF YES, THEN EXPLAIN BELOW

Asthma _____

Allergies _____

Hearing Loss _____

Blood Disorders _____

Anxiety Disorder _____

Human Immunodeficiency _____

Diabetes _____

Daily Medication _____

Hepatitis A, B or C _____

Nose/Throat Disorders (Chronic Strep) _____

Attention Deficit Disorder _____

Attention Deficit Hyperactivity _____

Eye/Vision Problems _____

Special Diet/Vegetarian _____

Heart Problems _____

Orthodontics _____

Seizures _____

Bone/Joint Problems _____

Tuberculosis _____

Scoliosis _____

Please explain any health history checked yes, or explain any other health considerations not listed:

Family Physician's Name: _____

Address: _____

FAMILY ACTIVITIES INVENTORY

Please check the activities or interests that your family participates in on a regular basis. This information aids in matching guest teen to a household.

- | | | |
|-----------------------|------------------|-------------------------|
| ____ family dinners | ____ hiking | ____ picnics |
| ____ snow skiing | ____ music | ____ community work |
| ____ water skiing | ____ cooking | ____ watching TV |
| ____ swimming | ____ canoeing | ____ visiting relatives |
| ____ sailing | ____ computers | ____ jogging |
| ____ biking | ____ baseball | ____ reading |
| ____ gardening | ____ camping | ____ movies |
| ____ painting | ____ basketball | ____ riding horses |
| ____ tennis | ____ golf | ____ church activities |
| ____ sports events | ____ board games | ____ traveling |
| ____ other activities | | |

Do you have access to any special recreational facilities? (pool, tennis courts, lake, boat, etc.)

Y N *If yes, please list:*

Ulster Project Louisville Consent and Release Form

(Please print in BLOCK LETTERS or use a computer to complete)

We, the undersigned Parents/Guardians of _____ do hereby consent to His/Her participation in this program and authorize Him/Her to travel under the direction and control of the Ulster Project Louisville, according to the program requirements set up by the organization. We agree and understand the participation in the Ulster Project Louisville involves a major commitment of time. We specifically understand and agree that any "gatherings", announced or unannounced, of Ulster Project Louisville teens – other than our own – shall be properly chaperoned at ALL times.

We hereby authorize the Ulster Project Louisville, its committee members and/or its host parents:

1. To represent us before any medical institution where it may be necessary to send our Son/Daughter for medical care while He/She is under the authority and supervision of the Ulster Project Louisville.
2. To authorize on our behalf any medical care that our child might need or might appear to need, including but not limited to surgery, blood transfusions, dental work and administration of medicine and anesthetics; such authorization is given with the understanding that we, the undersigned, incur and adopt all liability for expenditure relating to the foregoing medical care and hereby release the Ulster Project Louisville from such liability and expenditures.
3. To represent us before any governmental agency or authority while He/She is under its custody.

In consideration of the foregoing, we, the undersigned, on behalf of ourselves and of our child, hereby release the Ulster Project Louisville, its successors and/or assigns, and its host families to the full extent permitted by law from any and all liability, demands, claims, damages, actions, losses and expenses, including attorney's fees and medical expenses for which the Ulster Project Louisville or its representatives may become liable or answerable by reason of our child's participation in the Ulster Project Louisville. Further we agree on our behalf, and on behalf of our child, not to bring or enforce any claims for damages or expenses against the Ulster Project Louisville, which may arise by reason of our child's participation in the Ulster Project Louisville and activities related thereto.

I, parent/guardian, further understand that:

- a. The information that I have provided on myself or my teen in the attached application may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any person or organization that may have information concerning our qualification. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Ulster Project Louisville and the officers and volunteers thereof.
- b. In signing this application, I have read the attached by-laws. I agree to comply with the policies, rules and regulations of the Ulster Project Louisville. I affirm that the information I have given on this form is true and correct.

Mother's/Guardian's Name: _____ Date: _____

Mother's/Guardian's Signature: _____

Father's/Guardian's Name: _____ Date: _____

Father's/Guardian's Signature: _____

Witnessed by: _____ Date: _____

Witness' Address: _____

Authorization for Release of Information
For new or current volunteers, required to continue service

(Please print in BLOCK LETTERS or use a computer to complete)

Name (Last, Full First, MI, & Maiden Name, if applicable)	BIRTHDATE: (MM/DD/CCYY)
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Social Security #:

Provide home addresses for the past three years, most recent first:

Street, Apt #	City	State	Zip	County

TELEPHONE: (H) _____ (W) _____ (C) _____

Email address: _____

I understand that my continued service with the Ulster Project Louisville is conditional, pending the satisfactory completion of a **Criminal background investigation**.

I authorize Ulster Project Louisville to conduct a criminal background check and abuse registry check for the purpose of my continued service as a volunteer.

I hereby authorize law enforcement agencies, administrators, state agencies and other public or private entities which may possess the above-mentioned information to furnish such information to the Ulster Project Louisville or its agent.

I further acknowledge that telephone facsimile (FAX) or photographic copy of this release authorization shall be as valid as the original.

I hereby release the Ulster Project Louisville, its agents, and all persons providing information or reports about me, from any and all liability arising of the request for or release of any of the above-mentioned information or reports.

Signature: _____ Date _____

For Ulster Project Louisville Use Only	Criminal Background Check
The following has been completed and its results are satisfactory:	
Verification Source: _____	Date of Verification: _____
Person performing Verification: _____	Signature _____
Comments/results:	

Authorization for Release of Information
For new or current volunteers, required to continue service

Answering YES to any question requires complete details below.

PERSONAL INFORMATION

1. Have you or anyone in your family, ever been charged with or convicted of a crime other than a minor traffic violation? YES _____ NO _____

2. Have you, or anyone in your family, ever been the subject of an investigation involving an allegation of sexual abuse? YES _____ NO _____

3. Has a civil or criminal complaint ever been filed against you, or anyone in your family, alleging physical or sexual abuse? YES _____ NO _____

4. Have you ever terminated your employment or had your employment terminated for reasons relating to allegations of physical abuse or sexual abuse by you? YES _____ NO _____

5. Have you, or anyone in your family, ever received any medical treatment, physical or psychological, for reasons involving physical abuse or sexual abuse by you? YES _____ NO _____

If yes to any question, please provide specific details below, or you may contact Melinda Leonard, Co-Director at (859) 221-8335 for further explanation.

Ulster Project Louisville
YOUR PERSONAL REFERENCES

Please provide the information below in full for adults who are sufficiently familiar with you to provide a character reference. **Please contact the reference provider to let them know that you are applying to be a host teen/family for the Ulster Project Louisville and that you give them permission to respond to our questions, and that you would appreciate them responding promptly.**

*Comments submitted by reference provider will remain confidential.
Applicants will not be allowed to view the reference provider's comments.*

REFERENCE FOR THE FAMILY:

A. Pastor, minister or assistant at your church

Name: _____

Phones: _____ Email: _____

Address: _____

B. Other personal Family Reference:

Name: _____

Relationship to your family: _____

Phones: _____ Email: _____

Address: _____

REFERENCE FOR THE PROSPECTIVE HOST TEEN:

A. Classroom teacher: (NOT a coach, chaplain, counselor, principal or assistant)

Name: _____

School Address: _____

B: Someone else from your church, school, or community:

Name: _____

Relationship to your family: _____

Phones: _____ Email: _____

Address: _____

PHOTO OF PROSPECTIVE HOST TEEN & FAMILY

Please attach a casual snapshot of the entire family.
