

Basic Host Information

Father's Name _____

Mother's Name _____

Home Address _____

City/State/Zip _____

Email Address _____

Home Phone _____ Cell Phone _____

List languages spoken in the home _____

I agree to submit to a background check. Yes No

List all children or residents in your home

Full Name/Relationship _____ Gender/Age _____

Full Name/Relationship _____ Gender/Age _____

Full Name/Relationship _____ Gender/Age _____

Full Name/Relationship _____ Gender/Age _____

Household Information

Do you have pets? Yes No Details _____

Would you be willing to host a student who has animal allergies? Yes No

How many available rooms? _____ Bedrooms _____ Bathrooms

Will the student have to share a bathroom? Yes No

If yes, with whom? _____

Do you have a gender preference? Male Female No preference

Does your family eat a specific diet? (vegan, kosher) _____

Have you hosted an international student before? Yes No

Are you willing to expect the student to attend church services with you? Yes No

In which SDA church do you have your membership? _____

Signature _____ Date _____

DAA Host Family Application

Dakota Adventist Academy

HOST FAMILIES ARE EXPECTED TO:

- ❖ Provide a safe and caring environment for our international students or for students who live too great a distance from Dakota Adventist Academy to be able to go home for home leaves
- ❖ Provide the comforts of home including a private or semi-private room with a bed and all of the basic amenities
- ❖ Help the student feel like a part of the family with the same privileges and obligations you might have for your own child
- ❖ Take an interest in the student's culture, academics and family
- ❖ Where possible, engage the student in helping you connect with his or her family thus providing a greater network of support
- ❖ Engage the student in active church life during home leaves
- ❖ Help the student adjust to the ways of the family household in this culture, not allowing them to hole up in a room during school breaks
- ❖ Provide opportunity for the student to learn about the community and this area of the country
- ❖ Ensure that the student knows how to contact your family or other support networks
- ❖ Provide a space in the home where the student is able to study undisturbed
- ❖ Take an interest in functions that the student might be involved in at DAA
- ❖ Pick up the students from DAA or arrange transportation with DAA for all home leaves
- ❖ Maintain close contact with the school and address problems and concerns quickly
- ❖ In case of an emergency, know how to access and use the student's insurance policy

CONFIDENTIAL

Dakota Conference of Seventh-day Adventists®

Background Check Authorization

Print Name: _____
(Full First) (Full Middle) (Full Last)

Former Name(s) Used: _____

Social Security Number: _____ Date of Birth: _____

Gender: _____ Telephone Number: _____

Drivers' License Number: _____ State: _____

Email Address: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (State/Zip)

Previous Address From: _____
(Mo/Yr) (Street) (City) (State/Zip)

Church/School Requesting Form: _____ Position Seeking: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize the Dakota Conference of Seventh-day Adventists® and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to the Dakota Conference of Seventh-day Adventists or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

The Dakota Conference of Seventh-day Adventists and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.