



## Host Family Background Check Form

The information obtained is for internal use only and will be kept confidential to protect personal information. Federal regulations require The Zource to retain all records for three years after completion of the student program. After three years, all background check information will be shredded to assure confidentiality.

Council on Standards for International Educational Travel (CSIET) sets standards for families hosting foreign exchange students to undergo a background check. All family members in the home who are 18 years of age or older must be checked. We ask for your cooperation by completing this form and returning it to The Zource headquarters by mail, fax, or to your Zource representative.

My signature below authorizes The Zource to conduct a background check with the personal information I have provided. This background check may include, but is not limited to, my driving history; a social security number verification; present and former addresses; and police records.

As a host family member with The Zource, I hereby attest to the truthfulness of the representations I have made. If any statement I have made is found to be false, my host family status with The Zource may be revoked, regardless of the time elapsed before discovery. I hereby release and agree to hold harmless from liability any person or organization that provides this information. I also agree to hold harmless The Zource, and its officers, employees, and volunteers.

### **Please Print Clearly. Please Complete by Adults (18yrs or older) in Home.**

**Address:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### **Host Parent**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Applicant)

\_\_\_\_\_  
(Date)

#### **Host Parent**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Applicant)

\_\_\_\_\_  
(Date)

#### **Other Family Member (over age 18)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Applicant)

\_\_\_\_\_  
(Date)

Please return to: **The Zource, Aumomaleahh Omar-Livingstone, 2028 S. Hwy 53 Suite 3-323 LaGrange, KY 4003, Local Representative or Fax confidentially to 502-222-1991.**



**Host Family Background Check Form (page 2)**  
**To Use By Additional members in home only**

My signature below authorizes The Zource to conduct a background check with the personal information I have provided. This background check may include, but is not limited to, my driving history; a social security number verification; present and former addresses; and police records.

As a host family member with The Zource, I hereby attest to the truthfulness of the representations I have made. If any statement I have made is found to be false, my host family status with The Zource may be revoked, regardless of the time elapsed before discovery. I hereby release and agree to hold harmless from liability any person or organization that provides this information. I also agree to hold harmless The Zource, and its officers, employees, and volunteers.

**Please print Clearly.**

**Address** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Other Family Member (over age 18)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Applicant) (Date)

**Other Family Member (over age 18)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Applicant) (Date)

**Other Family Member (over age 18)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Male \_\_\_ Female \_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(Signature of the Applicant) (Date)