

Canadian/Japanese Exchange Association  
Confidential Host Family Reference

Name of host family \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Prov. \_\_\_\_\_ P. Code \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Name of person completing this form \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ Prov. \_\_\_\_\_ P. Code \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

This family has applied to host a participant in the Canadian/Japanese Exchange Program. A host family represents Canadian culture to the visitor, and is important in the success of the exchange experience. Any information you give us will be useful in placing individuals with host families. Thank you for providing this reference. **All information is confidential and will only be used to select host families.**

How long have you known this family? \_\_\_\_\_

Is your association professional or social? \_\_\_\_\_

How often do you see the family? \_\_\_\_\_

Do you know all members of the family equally well? \_\_\_\_\_

What special interests does the family have (camping, horses, photography, art, cooking, sewing, sports, etc.)? \_\_\_\_\_

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\_\_\_\_\_

How do you feel this family will adjust to unexpected situations, different customs, etc.? \_\_\_\_\_

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\_\_\_\_\_

How do you feel that this family will welcome a visitor of a different religion and different ethnic background? \_\_\_\_\_

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What are the family's greatest strengths? \_\_\_\_\_

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What are the family's weaknesses? \_\_\_\_\_

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Are you aware of any drug, alcohol, or child abuse on the part of any member of the family? Yes\_\_ No \_\_ If yes, please explain \_\_\_\_\_

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Would a young foreign visitor find this family (including the children) supportive and understanding of his/her difficulties in adjusting to strange customs, foods and relationships? \_\_\_\_\_ Would you feel comfortable placing your teenaged child with this family? \_\_\_\_\_

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Would you recommend this family to host a participant?  
\_\_\_\_very strongly \_\_\_\_yes \_\_\_\_with some hesitation \_\_\_\_no (If "no", please explain.)

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\_\_\_\_\_  
signature

\_\_\_\_\_  
date

Please return this form to the Regional or Provincial Exchange Co-ordinator below:

Name \_\_\_\_\_

Address \_\_\_\_\_