



**Global Education**  
**HOMESTAY STUDENT APPLICATION**  
**16 or 17 Years Old**

Students less 16 or 17 years old are required to live with a Homestay Family. Return this form and **nonrefundable placement fee** to: [Ashley.Ding@ccs.spokane.edu](mailto:Ashley.Ding@ccs.spokane.edu).

I plan to attend:  Spokane Falls Community College - OR -  Spokane Community College

Your: **SFCC/SCC Admission Application, 16/17 Homestay Application and the \$300 Homestay placement fee** must be received, to complete your Admission and issue your I-20.

**Make payment by credit card, check or money order.**

Checks and money order: Make payable to COMMUNITY COLLEGES OF SPOKANE

Credit cards: Type:  Visa  MasterCard Credit Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (Month, Year) 3 Digit PIN number on back of card: \_\_\_\_\_

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender: Female  Male  Date of Birth: \_\_\_\_\_ Country: \_\_\_\_\_

Full Homestay \$850 per month – includes meals.

Student Email: \_\_\_\_\_

**AGREEMENT BETWEEN CCS AND PARENTS/GUARDIANS**

Student's parents/guardians agree to the following terms and conditions:

1. I understand and agree that the assignment of Homestay families may be changed prior to or after my child's arrival in the United States, and placement with more than one Homestay family may occur during my child's stay, and placement of my child may be declined if an appropriate Homestay family is not available.
2. I agree to purchase and maintain adequate medical insurance and personal liability insurance on my child's personal belongings while they are in attendance at CCS and participating in the Homestay program. I understand and agree that CCS assumes no responsibility for verifying the medical insurance standards of coverage if purchased outside the College's recommended plan or the adequacy of the personal liability coverage.
3. I grant CCS and the Homestay family, the authority to take action they believe is reasonably warranted in the event my child experiences health or safety issues during his/her stay. This authority and permission includes, but is not limited to, seeking emergency medical intervention, care, and treatment from a licensed health care provider. For the purposes of this consent emergency medical intervention would apply to circumstances where my child is injured and circumstances where my child is suffering from an illness that poses a risk to his/her health and safety.
4. I hereby grant permission for licensed medical and mental health care providers to provide medical care for my child in the event he/she experiences health or safety issues during his/her attendance at CCS and participation in the Homestay program. This includes consent and authorization to render or order medical treatment; to prescribe and to give medication; to order x-rays, to provide anesthesia, and to complete any emergent medical intervention including, but not limited to surgery and hospital care as deemed medically necessary.
5. I agree to the release of medical information regarding my child to the CCS Homestay family(ies), health care providers and facilities responsible for examining and providing medical treatment to my child including: prescribing or giving medication, x-rays, anesthetic, medical or surgical diagnosis or treatment or hospital care, if and as deemed necessary based on standard health care practices.
6. I agree that CCS and the Homestay family shall not be liable or responsible for any costs or aspects of medical treatment.

7. I agree to be financially responsible for all medical care and treatment obtained or provided to my child during his or her homestay and attendance at CCS.
8. I agree to reimburse the Homestay family for the repair or other costs incurred by my child or his/her guests in the event of damage to the Homestay family home or property.
9. I understand and agree that CCS shall not be responsible for negligence on the part of the Homestay family or during the Homestay including but not limited to any loss or damage to property, and any injuries or death.
10. I agree to pay the Homestay fee on the 1<sup>st</sup> of each month – I understand there are NO refunds if my child leaves without 30 days written notice. If my child arrived mid-month I will pay the pro-rated amount due the month of arrival and on the first of each consequent month.
11. I agree to ensure that my child complies with all CCS Student Standards of Conduct, Policies and Procedures including the guidelines of the Homestay Family and the provisions included in the Agreement between the Homestay and Student on page three of this application. I further agree and understand that in the event my child fails to comply with CCS Student Standards of Conduct, Policies and Procedures including the guidelines of the Homestay Family and the provisions included in the Agreement between the Homestay and Student on page three of this application he/she may be
12. dismissed from the CCS International Student Program and required to return home at my expense.

Parent/guardian's (print name): \_\_\_\_\_

Parent/Guardian's (signature): \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Email and Phone number: \_\_\_\_\_

### **STUDENT HOMESTAY STUDENT PROFILE**

Your preference will be considered, CCS cannot guarantee they will all be satisfied.

Father's or Mother's name and occupation \_\_\_\_\_

Brothers and sisters (please include age and gender) \_\_\_\_\_

Have you traveled to the U.S. before?  Yes  No

Explain: \_\_\_\_\_

Do you smoke?  Yes  No

Explain: \_\_\_\_\_

What hobbies, sports or other activities do you enjoy? \_\_\_\_\_

How much interaction and conversation with your homestay family do you prefer?

Everyday

Several times a week and on weekends

I'm independent and would like to interact only when necessary

I would like to live in a home that is:  Quiet  Busy-active

Explain: \_\_\_\_\_

I would like to live in a home with:  Young children  Older children  No children  No preference

Are you a vegetarian, someone who eats no meat?  Yes  No

Explain: \_\_\_\_\_

Do you have any allergies to food, drugs, animals or anything else?  Yes  No

Explain: \_\_\_\_\_

Do you have any health conditions that would prevent you from participation in normal and regular physical activities?  Yes  No

Explain: \_\_\_\_\_

How would you describe your present condition of health  Poor  Average  Excellent

**\*PLEASE INCLUDE A PHOTO AND LETTER ABOUT YOURSELF\***

## STUDENT AGREEMENT

### Student agrees to the following terms and conditions:

I understand and agree that in consideration for participation in the Homestay program, I am responsible for following all of the following including:

1. The CCS Standards of Conduct for Students WAC 132Q-10, which is available at <http://apps.leg.wa.gov/wac/default.aspx?cite=132Q-10/> or by contacting CCS Global Education Office/Ashley Ding at [Ashley.Ding@ccs.spokane.edu](mailto:Ashley.Ding@ccs.spokane.edu),
2. The CCS Policies and Standards of Conduct for Students which prohibits my use or possession of alcohol, unauthorized prescription drugs, narcotics, controlled substances, including marijuana, and drug paraphernalia at all times during the Homestay program. CCS complies with the federal Drug Free Workplace Act and the Drug Free Schools and Community Act as a federal grant recipient,
3. Respect & follow guidelines of my Homestay family,
4. Comply with state and federal laws and regulations and abstain from illegal activities at all times during my stay,
5. If I have a problem or conflict, talk with CCS International Staff and/or my Homestay parents, including International Homestay Manager: Ashley Ding,
6. Inform my Homestay family where I am at all times, advise Homestay family of my daily schedule, and communicate to Homestay family if I will not be home for dinner or arriving late and specifically where I will be an when I will arrive home.
7. Introduce my friends to my Homestay family, and provide their names, cell phone, e-mail and address of residence.
8. Attend classes at SFCC or SCC regularly,
9. I shall refrain from causing any damage to the home or property of my Homestay family and ensure my guests do the same.
10. Arrange for a personal cell phone and share my cell phone number with my homestay family. I agree to respond quickly to my Homestay Family phone calls, texts and e-mails to me.

I have read and understand the above "Student Agreement." I agree to comply with these terms and conditions.

**I understand that if I fail to comply with these terms and provisions that I may be dismissed from the CCS International Program, terminated from the Homestay Program, and returned to my home at my parent's expense.**

Student (print name): \_\_\_\_\_

Student's (signature): \_\_\_\_\_

Date: \_\_\_\_\_

## NOTICE OF HAZARDS AND RISKS

- **PARENTAL ASSUMPTION OF RISK, RELEASE OF CLAIMS AND AGREEMENT TO INDEMNIFY**
- **STUDENT ACKNOWLEDGMENT OF HAZARDS AND RISKS**
- **PERSONAL AND FINANCIAL OBLIGATIONS AND RESPONSIBILITIES**
- **PUBLICITY RELEASE AND MISCELLANEOUS PROVISIONS**

**PLEASE READ AND UNDERSTAND THE FOLLOWING BEFORE SIGNING AS  
IT INCLUDES CONTRACTUAL PROVISIONS**

Print Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Print Names of Student's Parents/Guardians (hereinafter referred to as "Parents"): \_\_\_\_\_

### **1. WARNING: NOTICE OF HAZARDS AND RISKS FOR TRAVEL AND LIVING IN THE UNITED STATES**

The Community Colleges of Spokane's (CCS) Homestay Program is designed to provide Student with educational opportunities and cultural experience in the United States.

Due to the structure and design of the program, many services and activities including, but not limited to, transportation, recreational activities and entertainment are provided by third parties and not under the supervision or control of CCS. The Homestay placement is a placement in a private family home. It includes a private room, bathing facilities, and a place to study. The Homestay family provides necessary household items such as linens and towels. The Student's room is furnished, including a bed/bedding, desk or table, lamp dresser, and closet. In Homestay the family is responsible for providing food for meals and snacks seven days a week. Students are required to follow the rules of the Homestay family.

All members of the Homestay family will be proficient in English and will only speak English when the student is present. The primary form of transportation for the student is the city bus; however, the Homestay family may occasionally offer student a ride in their personal vehicles. Additionally, Homestay family may offer student the opportunity to participate in family activities. Homestay family activities are diverse based on the interests and hobbies of the Homestay family. Activities may include, but are not limited to, shopping, commuting to/from school, dining out, community and religious events (e.g. movies, concerts, art exhibits, sporting events, conferences, rodeos, etc.), family recreational and vacation activities (e.g. camping, fishing, water sports, skiing, skating, picnics, travel, hiking, visits to theme parks, bicycling, horseback riding, etc.), exercise (e.g. work outs, playing recreational sports, swimming, exercise classes) and transportation in family member vehicles. There may be modifications in the Homestay placement for the student.

Participation in any international study program may result in injury, illness, disability, accident, death, property damage, property loss, delay or expense caused by: vehicles/transportation; activities involving recreation or entertainment outside the academic curriculum whether coordinated by CCS, a third party, or Student on his/her own behalf; activities involving residing in a home-stay family, or other accommodations; consumption of unsafe water or food from restaurants, vendors, stores, or other source; adverse weather conditions, natural disasters; sickness, disease, illnesses, quarantine; terrorist activities; strikes, social or labor unrest; criminal activities; construction activities; government restrictions or regulations; safety hazards; and other acts or conditions outside the CCS control by other university/colleges, agencies (government or private), companies and/or individuals.

The U.S. Department of State, World Health Organization, and Centers for Disease Control provide information and recommendations concerning immunizations, medicines, and travel warnings which are available as follows:

- The US Department of State, which issues Travel Warnings, Travel Alerts and Country Specific Information at <http://travel.state.gov/>
- The World Health Organization, <http://www.who.int/csr/alertresponse/en>; and

- The Centers for Disease Control, via the International Travelers Hotline at 1-877-FYI-TRIP (1-877-394-8747) or at <http://wwwn.cdc.gov/travel>.

The purpose of this WARNING is: 1) to bring Parents' and Student's attention to the existence of potential dangers associated with Student's participation in the CCS Homestay Program and to advise that there are additionally always the risk of other types of injuries or death resulting from other causes not specified above; 2) to aid Parents and Student in making an informed decision as to whether Student should participate in this program; and 3) to make Parents aware that it is their responsibility as Parents of Student to learn about and/or inquire of faculty, staff, health care providers, or other knowledgeable persons about any concerns that Parents might have regarding Student's health, safety and welfare related to participation in this program.

## **2. PARENTAL ASSUMPTION OF RISK, RELEASE OF CLAIMS AND AGREEMENT TO INDEMNIFY**

We, the parent(s), identified above, have been warned of the hazards and risks involved with Student's participation in the Homestay Program. We voluntarily agree to assume these hazards and risks and to waive and release any and all claims we may have against the State of Washington, CCS, SFCC, SCC, and their officers, agents, employees, and departments and the host institutions abroad including but not limited to claims, demands obligations, actions, causes of action regarding Student for any injury, illness, disability, accident, wrongful death, loss of services and support, loss of consortium, property damage, and/or property loss from Student's participation in the Homestay Program and related activities. For the purposes of this Release of Claims, activities include, but are not limited to: activities involving recreation or entertainment outside the academic curriculum whether coordinated by CCS, the Homestay family, a third party or Student on his/her own behalf; activities involving travel via any form including cars, buses, trains, taxis, planes, four wheelers, motorcycles, boat, or jet ski; consumption of beverages or food from restaurants, vendors, stores or other sources; and activities outside of the Homestay Program's control such as adverse weather conditions, natural disasters; quarantine; terrorist activities; travel delays; strikes, social or labor unrest; criminal activities; construction activities; government restrictions or regulations; and safety hazards.

We, the parent(s), identified above also agree to indemnify the State of Washington, CCS, SFCC and SCC, and their officers, agents employees, departments and the Homestay family with regard to any financial obligations, liabilities, or expenses that may be incurred as a result of any injury, illness, disability, accident; wrongful death, loss of services and support, loss of consortium; property damage; and/or property loss including but not limited to, emergency transport; emergency medical services; medical treatment; rehabilitation; lost wages; lost or damaged property and any financial obligations, liabilities or expenses that may be incurred as a result of any damage or loss to person(s) or property caused by the Student.

We, the parent(s) identified above, have reviewed and understand the hazards and risks detailed above and have advised Student to take appropriate actions and to govern him/herself accordingly. We are also aware that certain insurance companies offer insurance against some or many of the perils noted regarding loss and/or damage to property and are aware that the US Department of State has a specific requirement for F1-1 students to have full financial capacity to prevent them becoming a burden of the state. Due to this financial requirement, we acknowledge and agree that we are required to obtain medical insurance coverage consistent with the Affordable Care Act requirements and Section 4.6 below.

## **3. STUDENT ACKNOWLEDGMENT OF HAZARDS AND RISKS**

I, the Student identified above, have reviewed the hazards and risks detailed above with my Parents and understand these hazards and risks. I have also discussed with my Parents my responsibility to take appropriate actions and to govern myself accordingly.

## **4. PERSONAL AND FINANCIAL OBLIGATIONS AND RESPONSIBILITIES**

### **4.1 Compliance with Student Standards of Conduct, Policies, Procedures, and Guidelines:**

Student and Parents understand and agree that pursuant to the CCS Standards of Conduct for Students, as a participant in the CCS Homestay program, Student shall comply with the following requirements and Parents shall ensure such compliance:

- a. The CCS Standards of Conduct for Students, Chapter 132Q-10 WAC, which is available at <http://apps.leg.wa.gov/wac/default.aspx?cite=132Q-10> or by contacting CCS Global Education Office/Ashley Ding at [Ashley.Ding@ccs.spokane.edu](mailto:Ashley.Ding@ccs.spokane.edu).
- b. The CCS Policies and Standards of Conduct for Students which prohibits my use or possession of alcohol, unauthorized prescription drugs, narcotics, controlled substances, including marijuana, and drug paraphernalia at all times during the Homestay program. CCS complies with the federal Drug Free Workplace Act and the Drug Free Schools and Community Act as a federal grant recipient.
- c. Respect and follow the guidelines and rules of Homestay family,
- d. Comply with state and federal laws and regulations and abstain from illegal activities at all times during my stay,
- e. Try to resolve conflict with assigned Homestay family by talking with International Homestay Manager: Ashley Ding,
- f. Inform my Homestay family where I am at all times, advise my Homestay family of my daily schedule and communicate to my Homestay family if I will not be home for dinner or arriving late, and when I will arrive home.
- g. Introduce friends to Homestay family and provide their names, cell phone, e-mail and address of residence.
- h. Attend classes at SFCC or SCC regularly.
- i. Refrain from causing any damage to the home or property of my Homestay family and ensure my guests do the same.
- j. Arrange for a personal cell phone and share my cell phone number with my Homestay family. I agree to respond quickly to my Homestay family phone calls, texts and e-mails to me.

#### **4.2 Consequences of Failure to comply with Standards of Conduct, Policies, Procedures, and Guidelines:**

Student and Parents agree and understand that CCS has the right to enforce the terms of the Student Standards of Conduct, Policies, Procedures, and Guidelines. If Student fails to comply with any of the Standards of Conduct, Policy or Guideline requirements detailed above, CCS has the right to immediately terminate Student's participation in the program with no refund of moneys paid or costs incurred. In the event of termination, Student and Parents agree and understand that the Student will be sent home at Parents' expense.

#### **4.3 Responsibility for Health and Safety:**

- a. Student and Parents acknowledge and agree that Student is personally responsible for his/her own conduct during the Homestay Program. Parents and Student are responsible for ensuring Student is aware of the risks and dangers that he/she may encounter including, but not limited to risks and dangers to his/her person and property, and Student is responsible for exercising reasonable care to avoid or minimize those risks and dangers. Prior to participation in the CCS Homestay program, parents and students are encouraged to consult with a physician or other trained licensed medical professional to confirm Student's fitness for participation in this activity. Parents and Student certify that Student is in good health and has no physical, medical, mental, or emotional impairments, conditions, or concerns that might jeopardize or affect Student's safety, or the safety of others, related to his/her participation in the Homestay Program.

- b. If Student has a prescription for medications or is taking over the counter medications, Parents and Student should confirm with Student's medical provider whether the medications will impact his/her participation in the Homestay Program. Parents and Student understand and agree that Student shall not participate in activities while under the influence of any medication that may impact his/her ability to safely participate.

#### **4.4 Independent Travel:**

Parents and Student understand that if Student engages in independent travel, such travel would be at the expense of Student's Parents and would not include any supervision by the Homestay Program or CCS. Parents and Student understand and agree that Parents and Student would be responsible for arranging such travel, separate from the CCS academic program and the Homestay program. Parents and Student further understand and agree that CCS, SFCC, SCC and their officers, agents, employees, and departments are not responsible either for any injury, accident, damage, loss, or expense suffered by Student during periods of independent travel or during any absence from the academic program of CCS, SFCC, or SCC.

#### **4.5 Financial Obligations for Homestay Expenses:**

- a. Student and Parents shall pay all personal bills and obligations of student.
- b. Student and Parents shall reimburse Homestay Family for any damage student or his/her guests cause to Homestay home and/or property,
- c. Student shall use a prepaid phone card or personal cell phone and not charge calls on Homestay phone,
- d. Student and Parents shall notify family and International Office in writing 30 days prior to moving out, and only when moving out occurs due to completion of program of study, official authorized transfer to another school or return to home country.
- e. Student and Parents shall pay Homestay fee on the 1<sup>st</sup> of each month – NO refunds if student leaves without providing 30 days' notice.
- f. In the event Student is terminated from the Homestay Program for failure to comply with the Student Standards of Conduct, Policies, Procedures and Guidelines as specified above, Parents and Student agree that Student will be sent home at Parents' expense.

#### **4.6 Financial Obligations and Responsibilities for Insurance and Student Medical and Dental Expenses**

Student and Parents agree to purchase and maintain adequate medical and personal liability insurance on my child's personal belongings while they are in attendance at CCS and participating in the Homestay program. I understand and agree that CCS assumes no responsibility for verifying the medical insurance standards of coverage if purchased outside the College's recommended plan or the adequacy of the personal liability coverage for the student.

### **5. PUBLICITY RELEASE AND MISCELLANEOUS PROVISIONS**

#### **5.1 PUBLICITY RELEASE**

Parents and Student grant permission to CCS and the host institutions to photograph Student during his/her participation in the International Program and consent to the use of any photograph likenesses of Student or comments made by Student during his/her participation in all forms and media and in all manners including composites for publicity material. Further, Parents and Student

waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith.

## 5.2 PROGRAM CHANGES

Parents and Student understand that CCS and its agents reserve the right to make changes in initial campus assignments, academic center, etc., and to make alterations in programs, itineraries, schedules and academic calendar they deem appropriate.

## 5.3 REFERENCED INDIVIDUALS AND DOCUMENTS

**CCS:** All references in this form to CCS shall include: State of Washington, CCS, SFCC, SCC and all their officers, directors, staff members, campus directors, chaperones, group leaders, faculty members, administrators, advisors and agents, and Home stay families.

**PARENTS:** All references to the "Parents" of the Student shall include the person or persons who are parents or legal guardians as specified on the top of this document and who are responsible for the Student until he/she turns 18 years of age.

**STUDENT:** All references to "Student" shall include the child or ward of the Parent(s)/Guardian(s).

**NOTICE OF HAZARDS AND RISKS, PARENTAL ASSUMPTION OF RISK, RELEASE OF CLAIMS AND AGREEMENT TO INDEMNIFY, STUDENT ACKNOWLEDGMENT OF HAZARDS AND RISKS, PERSONAL AND FINANCIAL OBLIGATIONS AND RESPONSIBILITIES , PUBLICITY RELEASE AND MISCELLANEOUS PROVISIONS:** All references to "Agreement" shall include the Notice of Hazards and Risks, Parental Assumption of Risk, Release of Claims and Agreement to Indemnify, Student Acknowledgement of Hazards and Risks, Personal and Financial Obligations and Responsibilities, Publicity Release and Miscellaneous Provisions.

## 5.4 APPLICABLE LAW

Parents and Student understand and agree that this Agreement shall be governed by and interpreted pursuant to the laws of the State of Washington. Venue for any dispute under this Agreement shall be in Spokane County, Washington.

**BY SIGNING THIS NOTICE OF HAZARDS AND RISKS, PARENTAL ASSUMPTION OF RISK, RELEASE OF CLAIMS AND AGREEMENT TO INDEMNIFY, STUDENT ACKNOWLEDGMENT OF HAZARDS AND RISKS, PERSONAL AND FINANCIAL OBLIGATIONS AND RESPONSIBILITIES , PUBLICITY RELEASE AND MISCELLANEOUS PROVISIONS, I CERTIFY I AM THE STUDENT APPLICANT IDENTIFIED AT THE TOP OF THIS DOCUMENT. I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO ALL OF THE TERMS AND CONDITIONS SET FORTH IN THIS AGREEMENT AND CHOOSE TO PARTICIPATE IN THE PROGRAM. I FURTHER UNDERSTAND THAT THIS AGREEMENT SHALL TAKE FORCE ONLY UPON MY ACCEPTANCE INTO THE STUDY ABROAD PROGRAM.**

**Name of Student (please print):** \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

**BY SIGNING THIS NOTICE OF HAZARDS AND RISKS, PARENTAL ASSUMPTION OF RISK, RELEASE OF CLAIMS AND AGREEMENT TO INDEMNIFY, STUDENT ACKNOWLEDGMENT OF HAZARDS AND RISKS, PERSONAL AND FINANCIAL OBLIGATIONS AND RESPONSIBILITIES , PUBLICITY RELEASE AND MISCELLANEOUS PROVISIONS, I/WE CERTIFY THAT I/WE ARE THE PARENT(S) IDENTIFIED AT THE TOP OF THIS DOCUMENT. I/WE HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO ALL OF THE TERMS AND CONDITIONS SET FORTH IN THE DESCRIPTIVE INFORMATION AND IN THIS INFORMED ACKNOWLEDGMENT OF HAZARDS AND RISKS, STUDENT CONDUCT REQUIREMENTS, PUBLICITY RELEASE AND PARENTAL RELEASE OF LIABILITY AND AGREEMENT TO INDEMNIFY FOR STUDY ABROAD PROGRAM. I/WE FURTHER UNDERSTAND THAT THIS AGREEMENT SHALL TAKE FORCE ONLY UPON MY/OUR CHILD'S ACCEPTANCE INTO THE CCS STUDY ABROAD PROGRAM.**

**Name of Parent/Guardian (please print):** \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date \_\_\_\_\_

**Name of Parent/Guardian (please print):** \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date \_\_\_\_\_