

**AMERICAN BELARUSSIAN RELIEF ORGANIZATION  
HOST FAMILY APPLICATION**

**The America Belarussian Relief Organization is a Christian based organization  
COMPLETE A SEPARATE APPLICATION FOR EACH CHILD OR CHAPERONE!**

<b>I. FAMILY INFORMATION: ALL INFORMATION MUST BE COMPLETE, ACCURATE AND LEGIBLE OR IT WILL BE RETURNED</b>						
Host Family Last Name		Home Address (Street Address, City, State, Zip)				Home Phone (including area code) ( )
Host Father's Name		Occupation	Employer	Driver's License #	Business Phone ( )	
Host Mother's Name		Occupation	Employer	Driver's License #	Business Phone ( )	
Child's Name	M/F	Age	At Home?	E-mail Address		Father's Cell Phone ( )
Child's Name	M/F	Age	At Home?	Mother's Cell Phone ( )		
Child's Name	M/F	Age	At Home?	Have you ever hosted a child through the ABRO Program? Yes _____ No _____		
Child's Name	M/F	Age	At Home?	Are there any others living in the home or any special circumstances! If so please describe.		
1. <input type="checkbox"/> Yes <input type="checkbox"/> No – Has anyone in your home ever been convicted of a criminal offense? 2. <input type="checkbox"/> Yes <input type="checkbox"/> No – Has anyone in your home ever been convicted of neglect, abuse, cruelty, injury, or impairing the morals of a child, abandonment of children, sexual harassment, or illegal manufacture, sale or possession of drugs? 3. <input type="checkbox"/> Yes <input type="checkbox"/> No – Has anyone in your home ever had his or her driver's license suspended or revoked in any state in the last 5 years? 4. <input type="checkbox"/> Yes <input type="checkbox"/> No – Does anyone in your home currently use illegal drugs? <b>Note:</b> If the answer to any of the above questions is Yes, explain on a separate sheet of paper and attach to this application						

<b>II. REQUEST FOR:</b>		PLEASE INDICATE BELOW YOUR PREFERENCES FOR THE CHILD YOU PLAN TO HOST. WE <u>CANNOT</u> GUARANTEE ANY SPECIFIC CHILD, CHILD'S AGE OR GENDER, ALTHOUGH EVERY EFFORT WILL BE MADE TO MATCH YOUR REQUEST. <u>IF YOU NAME A SPECIFIC CHILD, YOU MUST CHECK WHETHER OR NOT YOU WILL TAKE A SUBSTITUTE CHILD, SHOULD THE SPECIFIED CHILD NOT BE ABLE TO COME. (NO APPLICATION WILL BE ACCEPTED IF THIS BLOCK IS NOT CHECKED.)</u>				
<input type="checkbox"/> Specific Child and/ or <input type="checkbox"/> Specific Chaperone						
Child's Name		Substitute if necessary? <input type="checkbox"/> Y <input type="checkbox"/> N	Age	Phone Number	Address	
Name of Chaperone		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age	Phone Number	Address	
<b>Non-Specified Child:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either		Are you willing to take a child that has been to the United States before? <input type="checkbox"/> Yes <input type="checkbox"/> No Check age range you would like. (You may check more than one) <input type="checkbox"/> 7 - 8 <input type="checkbox"/> 9 - 10 <input type="checkbox"/> 11 - 12 <input type="checkbox"/> 13 - 14 <input type="checkbox"/> 15-17				

<b>III. RECOMMENDATIONS: NO APPLICATION ACCEPTED WITHOUT SIGNATURE OF COORDINATOR AND APPLICANT'S PASTOR</b>		
Church Affiliation	Pastor's Name	Church Phone (including area code)
I having full knowledge of the host family on this application, and without reservation, do recommend them to be a Host Family for the American Belarussian Relief Organization Summer Program. I know them to be of character with high moral standards, and very capable of providing a loving, caring home environment for a child.		
_____ Group Coordinator's Signature	_____ Date	_____ Pastor's Signature
		_____ Date

<b>IV. DECLARATIONS: IF TWO PARENTS ARE IN THE HOUSEHOLD, THE SIGNATURE OF BOTH IS REQUIRED.</b>			
I declare the above information to be accurate and based upon it, make application to host a Belarussian child in my home. I agree to hold harmless the American Belarussian Relief Organization (ABRO) from any and all claims in connection with my participation in the ABRO Summer Program. I confirm that I have received or been to the ABRO website and read the ABRO Summer Program Handbook, and fully understand the information contained therein. I accept all conditions as written in the Summer Program Handbook.			
_____ Signature of Parent		_____ Signature of Parent	
_____ Date		_____ Date	

<b>TO BE COMPLETED BY GROUP COORDINATOR:</b>	
Child Number for this request that corresponds with the number on the Gender/Age List: _____	

# AMERICAN BELARUSSIAN RELIEF ORGANIZATION

## HOST PARENT AGREEMENT

***THIS AGREEMENT FORM MUST BE ON FILE IN THE ABRO OFFICE BEFORE ANY ARRANGEMENTS WILL BE MADE TO BRING YOUR CHILD(REN) TO THE UNITED STATES FOR THE SUMMER PROGRAM***

### **V. HOST FAMILY: If two parents are in the home, both signatures are required**

I agree as a Host Parent participant in the American Belarussian Relief Organization (ABRO) Summer Program that any child(ren) that I host (orphan and/or child living with parent(s) or guardian ) will return to Belarus according to flight arrangement made through ABRO. I will provide to said child(ren) a loving, caring, safe home environment and see that the child(ren)'s needs are met to the best of my ability. I will contact my local Group Coordinator immediately should I observe or have knowledge of any situation involving any Belarussian child(ren) which would be considered not in their best interest.

I further agree that upon the return ticket date, I relinquish all rights to act in the capacity as a Host Parent per the agreement with the American Belarussian Relief Organization (ABRO). I know that if I do not adhere to this legally binding, signed document, legal action will be taken.

Husband's Full Legal Name (Printed)	
Husband's Signature	Date

Wife's Full Legal Name (Printed)	
Wife's Signature	Date

### **VI. GROUP COORDINATOR:**

As Group Coordinator, I agree that all the children hosted within the group that I am responsible for will return to Belarus per the agreement with the American Belarussian Relief Organization (ABRO). I will contact the Director of ABRO-US or a member of the ABRO Board of Directors immediately should I observe or have knowledge of any situation which would be considered not in the best interest of any Belarussian child(ren)'s safety, security, health or overall well being.

Group Coordinator's Full Legal Name (Printed)	
Group Coordinator's Signature	Date

### **VII. ABRO REPRESENTATIVE:**

As Director of the American Belarussian Relief Organization (ABRO), I agree to take every possible action to ensure that all children participating in the ABRO Summer Program will be returned to Belarus per the agreed upon time.

ABRO Representative's Full Legal Name (Printed)	
<b>Joseph M. Strong</b>	
ABRO Representative's Signature	Date