

Mahoning Valley Ulster Project  
**Teen Application**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade this year: \_\_\_\_\_

Are you a member of a church? If so, which church? \_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

Do you like to play a musical instrument(s)? \_\_\_\_\_ If yes, what instrument(s)? \_\_\_\_\_

Do you sing? \_\_\_\_\_ Do you dance? \_\_\_\_\_ Do you like video games? \_\_\_\_\_

Do you like to play sport(s)? \_\_\_\_\_ If yes, which sport(s)? \_\_\_\_\_

Are you involved in any clubs/organizations (in or outside of school)? \_\_\_\_\_

What are your favorite foods? \_\_\_\_\_

What are your least favorite foods? \_\_\_\_\_

We frequently use Facebook as a way to communicate. Do you have a Facebook? \_\_\_\_\_

	<b>Never</b>	<b>Seldom</b>	<b>Often</b>
I like parties			
I like to talk with 1 or 2 people rather than a group			
I like to eat new and different kinds of foods			
I like to meet new people			
I like to watch television			

I am willing to make the commitment to attend all activities with your Ulster teen guest and abide by the rules and regulations of the Ulster Project Committee.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

**Please include a recent photo of yourself** and write a brief paragraph describing yourself and why you would like to to be a host teenager. What do you hope to gain from this experience?

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What are your hopes or plans for the future?

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What do you enjoy doing in your spare time?

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Anything else you would like the committee to know about you?

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Mahoning Valley Ulster Project

**Host Family Application**

Parent #1 Name: \_\_\_\_\_ Do you have a Facebook? \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_ Do you have a Facebook? \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Below list others (siblings, grandparents, etc.) who live in the house with your teen from youngest to oldest.

Name	Age	Relation to Teen

**Ulster Project Policy:** It is a requirement of the host families to have an Ohio State background check for both parents or guardians in the hosting families home and also for anyone over the age of 21 living in the home. In addition, a Federal background check is required for anyone who has not lived in the state of Ohio for at least the five years prior to the date of the background check.

**Insurance Information:** Please inclose a certificate of insurance from your insurance agent listing the effective date, type of insurance, and amount of coverage on both home and auto and the drivers covered.

Please indicate the religious affiliation of your family:

Catholic \_\_\_\_\_ Protestant \_\_\_\_\_ Both \_\_\_\_\_ Other religion, please specify \_\_\_\_\_

Name of church(s) you attend: \_\_\_\_\_

Name of Pastor(s): \_\_\_\_\_

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Do you have any pets in your house? If so, what kind and how many? \_\_\_\_\_

Will the guest teen share a room with the host teen? \_\_\_\_\_ Or, have a room to themselves? \_\_\_\_\_

Does your family have access to any recreational facilities (pool, tennis court, gym, etc.)? \_\_\_\_\_

**Medical Information:**

Family Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Host Teens Health - **Restrictions:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Allergies:** Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

**References:**

1. For Family (Pastor, neighbor, etc.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

2. For Teen (Teacher, Guidance Counselor)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. For Teen (Family friend, neighbor, someone from church, etc.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please briefly explain why you desire to be a "Host Family"?

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Include any additional information that you feel would be helpful to the committee (family interests, experiences, hobbies, etc.).

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**If you have any questions, please contact a host family committee member.**

Greg Hartz - (330) 744-1440 or Jenette Garbarz - (330) 518-5290

**Upon completing the application, please mail to:**

Mahoning Valley Ulster Project  
P.O. Box 322  
Canfield, Ohio 44406

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Date

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Signature of Parent/s