

Chernobyl Children's Project
PO Box 750334 Petaluma, CA 94975-0334
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<http://www.ccpkids.org>

2009 HOST FAMILY APPLICATION

The goal of Chernobyl Children's Project is to give the children of Chernobyl a summer of proper nutrition and respite from the radiation environment they live in. Host families provide room and board for six weeks during the summer, and they cover a modest health insurance premium. The children are typically placed one each in groups of ten families per community and each group of ten children is accompanied by an adult guardian/translator. The guardian/translator also stays with one or more host families.

If you are interested in hosting a child next summer, or organizing ten families in your area, please fill in the information below and return the application to the Chernobyl Children's Project. Thank you for your interest.

NAME _____ DL# _____

NAME _____ DL# _____

ADDRESS _____

CITY _____ ZIP _____

NUMBER OF YEARS AT CURRENT ADDRESS _____ MARITAL STATUS: MARRIED SINGLE

HOME PHONE: _____ WORK PHONE: _____ EMAIL: _____

IF YOU HAVE CHILDREN LIVING AT HOME, PLEASE LIST THEIR NAMES AND AGES:

NAME	AGE
_____	_____
_____	_____
_____	_____

PLEASE INDICATE ADULT MEMBERS' OCCUPATIONS AND PLACES OF EMPLOYMENT:

OCCUPATION	EMPLOYER
OCCUPATION	EMPLOYER

IS ANY ADULT OF THIS HOUSEHOLD AT HOME FULL TIME? YES NO IF YES, PLEASE INDICATE WHICH ADULT: _____

WHAT ADULT IN YOUR HOUSEHOLD WOULD BE THE VISITING CHILD'S PRIMARY CARETAKER AND RESPONSIBLE FOR THE CHILD'S WELFARE? _____. IF THIS ADULT IS NOT A PARENT OR FAMILY MEMBER LIVING IN THE HOUSEHOLD PLEASE PROVIDE DETAILS:

_____ SS# _____
 _____ SS# _____

DO YOU INTEND TO HAVE YOUR VISITING CHILD IN DAYCARE OR CAMP ANYTIME DURING THE SUMMER?
IF SO, APPROXIMATELY HOW MANY DAYS A WEEK? PLEASE PROVIDE NAME AND PHONE NUMBER OF CENTER.

DO YOU INTEND TO TRAVEL AWAY FROM HOME ON VACATION DURING THE SUMMER? IF SO, PLEASE INDICATE DATES
OF ABSENCE: _____ IF
YOU ARE TRAVELING WITHIN THE UNITED STATES YOUR BELARUSIAN VISITOR MAY TRAVEL WITH YOUR FAMILY OR IF
YOU PREFER WE CAN ARRANGE FOR A RESPITE FAMILY.

WILL YOU NEED A RESPITE FAMILY DURING YOUR VACATION? YES NO

PLEASE PROVIDE NAMES AND CONTACT PHONE NUMBERS FOR THREE REFERENCES WHO ARE NOT RELATIVES AND
WHOM YOU HAVE KNOWN FOR AT LEAST THREE YEARS:

NAME	PHONE NUMBER
_____	_____
_____	_____
_____	_____

PLEASE TELL US HOW YOU HEARD ABOUT THE CHERNOBYL CHILDREN'S PROJECT:

PLEASE SIGN AND RETURN THIS APPLICATION TO: CHERNOBYL CHILDREN'S PROJECT, PO Box 750334, PETALUMA, CA
94975-0334. REPRESENTATIVES OF THE PROJECT WILL CONTACT YOU TO ARRANGE AN INTERVIEW AND ANSWER ANY
QUESTIONS. **PLEASE INCLUDE A CHECK FOR \$125 MADE OUT TO CHERNOBYL CHILDREN'S PROJECT TO COVER THE
CHILD'S MEDICAL INSURANCE FOR THE SUMMER. IN THE EVENT THAT THE CHERNOBYL CHILDREN'S PROJECT IS
UNABLE TO PLACE A CHILD WITH YOU, THE CHECK WILL BE RETURNED.**

FOR THE SAFETY OF THE CHILD, I/WE UNDERSTAND THAT REPRESENTATIVES OF THE CHERNOBYL CHILDREN'S
PROJECT WILL CONDUCT A BACKGROUND CHECK ON ALL ADULTS LIVING IN THE HOME, AND I/WE SIGN BELOW TO
AUTHORIZE THEM TO DO SO.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____