



EDUCATIONAL OUTREACH HOST FAMILY APPLICATION

APPLICANT INFORMATION

GE LICENSE NUMBER (Required) _____ NAME ON GE LICENSE _____

Last Name	First Name	Home Phone	Work Phone	Mobile Phone

Physical Street Address:	City:	Zip:

Mailing Address (if different, e.g. P. O. Box)	City:	Zip:

Email: _____ Applicant's Employer: _____

Applicant's Employment Status Full-time Part-time Not Employed Business Owner Other _____

Yes No Have you worked for BYUH before? If so, please indicate dates: _____ Part-time Full-time

Yes No Have you been dismissed, asked to resign, or left by mutual agreement from any position? Please explain on back side of application.

Spouse's Name: _____ Spouse's Occupation: _____

REFERENCES: List 3 individuals who know your work professionally

First and Last Name	Employer/Position	Phone No. or Email	Relationship to Applicant	Years Known
1				
2				
3				

HOUSEHOLD INFORMATION (LIST ALL FAMILY MEMBERS IN HOUSEHOLD — ADULTS & CHILDREN)

	First Name	Last Name (if different from applicant)	Age	M/F	Relationship
1					
2					
3					
4					
5					
6					
7					

● FAMILY PETS? Yes No If yes, please indicate _____

● LANGUAGE SPOKEN IN HOME (Check all that apply):

English (required) Chinese Filipino Korean Samoan Tongan Other _____

● RELIGIOUS AFFILIATION: LDS Non-LDS If LDS, Provide Ward & Stake information _____

HOSTING INFORMATION

● HOMESTAY ACCOMMODATIONS: Private Bedroom Shared Bedroom Twin Bed Bunk Beds

● GENDER PREFERENCE: Male Female No preference | Number of guests applying to host? _____ (4 Max)

● PROGRAMS (Select all that apply):

Winter ESL (Jan – Feb) Summer ESL (Jul - Aug) Other (Special Groups, e.g., sport teams – Open dates)

● HOME INSPECTION:

Preferred Date: _____ Preferred Time (Between 8:30am-5pm): _____

I understand the submission of this application does not guarantee acceptance as a host family.

I understand my preferences will be considered, but is not guaranteed to be met every time.

FOR OFFICE USE ONLY

Home Inspection Date: _____ Completed By: _____ Date Approved: _____

Comments: _____

HOST FAMILY RESPONSIBILITIES

1. As a Host Family you agree to do all you reasonably can to **ensure the safety of your guest(s)**. Host families are responsible for the well-being of each guest(s) (i.e. safety, emotional health, fiscal, etc.).
2. As a Host Family you agree to **supply** your homestay guest(s) with **a clean bedroom**, their **own bed**, and **all necessary linens and towels**. **(Guest(s) may share a bedroom with your child/children but not a bed.) The guest(s) should be made comfortable and have freedom to use the home and not be confined to a room.**
3. **Laundry facilities** will be provided by the Host Family. You may choose to do the laundry for your guest(s) or decide whether the guest(s) will do their own laundry. **Please remember that most of the guest(s) do not know how to use a washer and dryer. Please take the time to teach them.**
4. The **guest(s) will be provided with three nutritious meals each day, as required** (please refer to the program itinerary). EO will provide lunch for the guest(s) during the week and when an all-day excursion is scheduled. The Host Family will **provide breakfast and dinner (please refer to the program itinerary)**.
5. The Host Family will provide **transportation to and from school**. Please **be punctual to drop off and pick up your guest(s) on time**. **Do not allow your guest(s) to walk home alone after dark**. You may choose to arrange a car pool with other host families.
6. Plan to **spend time with your guest(s)**, include them in your family activities and conversations and, if possible, **take them on a special outings. Make their stay in the United States a memorable one.**
7. Host Families should **plan to attend orientation, receptions, award ceremonies, and any program-sponsored dinners or activities** to which they are invited or required to attend. These are important times when all host families and homestay guest(s) can enjoy time together.
8. **If you are not in the home, do not allow your guest(s) to stay in your home overnight by themselves. Guest(s) are not to be left home alone or with a minor.** If you are going to be away overnight and the guest(s) are not going with you, please contact **JJ Huang (808) 393-1469**.
9. Host Families agree **not to allow visiting guest(s) to stay overnight** while hosting the guests at any time.
10. **Host families should not ask their guest(s) to babysit for you!**
11. **Guest(s) are invited and encouraged to attend church services with the family. No pressure** is to be exerted upon the guest(s) to convert to the religion of the host family, but guest(s) are expected to respect the moral standards and religious practices of the family. Guest(s) who attend church should be encouraged to bring a notepad and make lists of new words they hear each week, to read words and follow along in the hymns, or to take notes. **If questions or concerns arise regarding church attendance, please contact the Program Coordinator.**
12. Host families are responsible for **any illegal actions performed against the guest(s)**. In the event there is questionable behavior on the part of a family member, the **guest(s) will be removed from the Host Family immediately. Host families should immediately notify JJ Huang at (808) 393-1469, if any problem or emergency arises.**
13. If you have **any concerns or problems**, you are to **contact the JJ Huang**. Please understand that a guest(s) may request a change of homestay family and that the family may request the guest(s) to be changed if, after sufficient time has elapsed, they find they are not compatible.
14. The Host Family will receive \$40 per guest per day. **JJ Huang** will inform you of the date and arrangements for you to receive your compensation. **Payment or fees should not be a topic of discussion with the guest(s).**

I agree to be fully bound by the terms and conditions of participation in the Homestay Program as outlined above.

Signature of the Host Family Representative

Date Signed

**BYUH HONOR CODE
DRESS AND GROOMING STANDARDS AGREEMENT**

Last Name		First Name	
Program: Host Family Program		Date:	
Facility: BYU-Hawaii Campus (All facilities and campus)			

Appropriate for men

(Classroom & General Campus Wear)

- Slacks, jeans, dress shorts, sweaters, and sport or dress shirts with sleeves.
- If worn, neat mustaches which do not extend beyond or below the corners of the mouth.
- Neat hairstyles, trimmed above the collar and leaving the ears uncovered.
- Clothing which cover the knee.
- Clean-shaven appearance, modest sideburns.
- Footwear worn in all public places. Men must wear shirts at all times.

Appropriate for women

(Classroom and General Campus Wear)

- Dress, loose-fitting blouses, shirts and sweaters with sleeves.
- Modest, neat hairstyles.
- Skirts, gaucho, modest pantsuits, jeans and slacks to the waist. Hemline on dresses, skirts, and shorts must cover the knee.
- Footwear worn in all public places.

Appropriate Work-out or Athletic Attire

- Swim suits are modest in fabric, fit and style (no bikini, two-piece or French-cut styles)
- Modest shorts, sweats, and appropriate gym clothing.
- Modest t-shirts which cover the back, midriff and arms.
- Appropriate footwear in all athletic areas.

Inappropriate for men

(Classroom & General Campus Wear)

- Any sleeveless clothing and clothing that exposes the underarm and waistline.
- Any athletic shorts, sweats, or surf shorts.
- Earrings or excessive jewelry.
- Beards or noticeable (grubby) facial hair.
- Body piercing.
- Visible tattoos.
- Hats, caps, or beanies indoors.
- Bandanas.

Inappropriate for women

(Classroom & General Campus Wear)

- Dresses or skirts with lists above the knee.
- Tight clothing and leggings.
- The no-bra look.
- Any sleeveless clothing or clothing that exposes the underarm and midriff.
- Evening or formal wear with low-cut necklines, or gowns that are backless, strapless, or which have spaghetti straps.
- Any athletic shorts and sweats.
- Excessive hairstyles or colors.
- Excessive ear-piercing (not more than one pair on lower earlobes)
- Body piercing.
- Visible tattoos.

I have read and agree to abide by all the standards and guidelines as stated here. I also take full responsibility for all members attending my event. BYU-Hawaii reserves the right to remove individuals who are in violation of the above stated requirements.

Signature

Date

Return Forms mail: Educational Outreach
BYU-Hawaii # 1963, 55-220 Kulanui St, Laie, HI 96762
Or Fax: (808) 675-3789

In consideration for being permitted by Brigham Young University–Hawaii to participate, and as an inducement to BYU–Hawaii to permit me to participate, in the following activity(s):

Host Family Program

I, the undersigned, recognizing the hazards and dangers inherent of said activity(s) and/or in the transportation to and from such said activity(s) and already knowing or having been advised of said dangers and fully acknowledging the risk of injury or health inherent therein, whether by my own actions, the actions of others or events beyond my control, do hereby agree to knowingly and voluntarily assume, full responsibility for all of the risks surrounding my participation in said activity(s) and any other activity(s) undertaken as an adjunct thereto, and all risks associated with my own health problems and physical or emotional limitations; I also certify that I am covered by my own health insurance; and, furthermore, for myself, my heirs, and personal representative(s), I hereby fully release Brigham Young University–Hawaii and all its officers, employees and agents, without any limitation or qualification, as to any and all liabilities, claims, demands and actions which might be made by me or my state on account of any losses, expenses or damages of any kind concerning property or personal injuries (physical or emotional) or death which may result, directly or indirectly, from my participation in the aforesaid activity(s), unless any such damages or injury is primarily the direct result of a negligent act or omission by Brigham Young University–Hawaii or any of its officers, employees or lawful agents and not caused in part by my own negligence.

THE UNDERSIGNED, BY HIS/HER SIGNATURE BELOW, AFFIRMS THAT HE/SHE CAREFULLY READ THIS ASUMPTION OF RISK AND LIMITED RELEASE AGREEMENT, UNDERSTANDS ITS CONTENTS AND PURPOSES, AND VOLUNTARILY AGREES TO ALL THE TERMS SET FORTH ABOVE.

Print name	Signature	Date

Position Applied for: _____

FOR HR USE ONLY: Verified with Bishopry: _____ Date: _____
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Interviewing Officer should mail completed form to:

HUMAN RESOURCE SERVICES
 BYUH# 1969
 55-220 Kulanui St
 Laie, HI 96762

Brigham Young University Hawaii
 EMPLOYMENT COMMITMENT AND CONFIDENTIAL REPORT
 FOR FACULTY/STAFF

Applicant Name _____
 Last First Middle

Address _____
 Number & Street City State Zip

Religious Affiliation: LDS Other Specify _____

I. PURPOSE AND DIRECTIONS:

The educational, social and religious mission of Brigham Young University Hawaii (BYUH) requires employees to be committed to the behavioral, moral and spiritual standards expressed in the University's "Code of Honor" and "Dress and Grooming Standards" in keeping with the teachings of the Church of Jesus Christ of Latter-day Saints. It also requires employees to be role models for the students in the way that they conduct their lives.

To ensure that the prospective employee is fully informed of and committed to the standards expected by BYUH this confidential report should be completed during an interview with the applicant's ecclesiastical leader or by someone approved by BYUH. In the case of members of The Church of Jesus Christ of Latter-day Saints the interview should be with an LDS bishop, branch president, mission president or stake president.

II. APPLICANT'S COMMITMENT:

I agree as a condition of employment at BYUH to abide by, support, and conduct myself in accordance with the following:

- A. If a member of The Church of Jesus Christ of Latter-day Saints I will conduct myself to qualify for temple privileges
- B. I will adhere to the requirements of the University's Code of Honor and Dress and Grooming Standards copies of which are attached hereto and I will support the University's efforts to enforce these requirements. I recognize that the requirement of the Code of Honor and the Dress and Grooming Standards apply both on and off campus and must be observed 24 hours a day, seven days a week.

Signature _____ Date _____

III. INTERVIEWING ECCLESIASTICAL LEADER OR PRIESTHOOD OFFICER'S ENDORSEMENT:

The University reserves the right to speak directly with the interviewing ecclesiastical leader about matters contained in this report and thus asks that the applicant provide their ecclesiastical leader with a release to speak about matters which might otherwise be protected.

I, the undersigned, hereby authorize my ecclesiastical leader furnishing this report to speak with BYUH about any matter contained herein and in doing so waive any rights or privileges relating to that communication.

Signature _____ Date _____

The above person has applied to work at BYUH. Before proceeding further with this application, we would like to have your recommendation concerning this individual. We seek outstanding employees and therefore feel that each individual should meet the following standards:
 (Please check where applicable)

	Yes	No	Unknown
A. Accepts and complies with the standards of the University without reservation;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Is presently abiding by the requirements listed in the Code of Honor and Dress and Grooming Standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Is currently a member in good standing, and lives standards of conduct qualifying for temple privileges (If no, explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Based on the above criteria: (Please check where applicable)

- I endorse this applicant for employment without reservation.
- I endorse this applicant for employment with reservations.
- I do not endorse this applicant for employment.

NOTE: If the interviewing ecclesiastical leader desires to discuss personal information which may affect the decision to employ the applicant, please check the following box and you will be contacted by a Human Resource Representative:

Name of Interviewing Officer _____ Position _____ Ward/Branch _____

Address _____
 Number & Street City State Zip

Stake/Mission _____ Home Phone _____ or Cell Phone _____

Signature of Interviewing Officer _____ Date _____

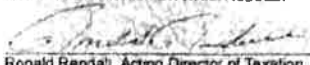
Email Address _____

Hawaii GE License

General Information

1. Independent contractors will need to submit a copy of their Hawaii GE License.
2. If you do not have one, please visit the city and county web site to apply on line. Here is the link for the license application. http://hawaii.gov/labor/forms/bb1_vp12_2009.pdf

Sample of Hawaii GE License

BUSINESS START DATE: 1/24/2011	STATE OF HAWAII DEPARTMENT OF TAXATION	FORM G-223 REV. 2009
LICENSE ISSUED FOR THE PRIVILEGE OF ENGAGING IN BUSINESS AND OTHER ACTIVITIES UPON THE CONDITION THAT THE LICENSEE SHALL PAY THE TAXES ACCRUING TO THE STATE OF HAWAII UNDER THE PROVISIONS OF CHAPTER 237, HRS, AS AMENDED. LICENSEE'S ACTIVITIES ARE LISTED ON THE APPLICATION ON FILE WITH THE DIRECTOR OF TAXATION.		
GENERAL EXCISE TAX LICENSE	HAWAII TAX ID NUMBER: W01282008-01	
THIS LICENSE IS NOT TRANSFERABLE TO BE DISPLAYED CONSPICUOUSLY AT THE PLACE OF BUSINESS FOR WHICH ISSUED.	CHAIL OH CHAIL O S A U A I I I T U S	Sample only
 Ronald Rendall, Acting Director of Taxation		

Request for Taxpayer Identification Number and Certification

**Give form to the
requester. Do not
send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership
 Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
 Other (see instructions) ▶

Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



PEOPLESOFT VENDOR ADD FORM

Requester's Name: _____ Request Date: _____

Vendor Name: _____

Hawaii Tax ID if applicable: _____

Main Address: _____

Mailing address (if different): _____

Remittance address (if different): _____

Contact person: _____

Phone #: _____ Fax #: _____ Other: _____

E-mail address: _____ Payment net term: _____

Additional information: _____

*W-9 form is required; please attach the W-9 form to this request.

For Purchasing Office use only:

Vendor ID#: _____

Job completed by: _____

Date: _____