



Thank you for expressing an interest in the Everett Silvertips Hockey Organization Housing Program.

Let me give you some basic information:

- The Silvertips place hockey players with host families, or "billet" families, as many hockey organizations call them. Billet is a military term that refers to the assignment of housing. Without host or "billet" families the hockey club would be hard pressed to succeed. These local families open up their homes allowing our players to join their families. Billet families receive a small monthly stipend to offset costs.
- Our players are within the ages of 16-20, with the majority of them being 16 to 18 years old. They will come to Everett from all over the United States, as well as from Canada or Europe to play with our team. Being so young and so far from home, the players will need a very stable home environment during their stay in Everett. It is our commitment to our players and their parents to provide them with a good home.
- The players will arrive late August and will be here until mid-April/May. At Christmas, they are given a one-week break to go home and spend time with their families. Many times their families will come to visit during the season. It is at your discretion as to whether you want to open your home to your player's family.
- We have team guidelines and policies that the **players and billets** must abide by while with our organization, and we expect our host families to enforce these team rules. Upon being accepted as a Host Family we give out the Team Guidelines which include topics such as: curfew, social gatherings, problems that may occur, house rules, emergencies, who to notify, topics of discussion, etc.
- Our goal is for our players to have a home away from home, continue their education and be good citizens.
- Players will have daily practice. Most players will have their own transportation, but transportation to school and practice is a detail that will be worked out with each player and family.
- We want our host family program to be second to none. We will work to match each player's personality and backgrounds with quality host homes. Furthermore, each potential host family is carefully screened and presented with our team's expectations of the host family. Personal visits are done throughout the season to ensure that both player and host family are meeting those expectations and guidelines

We thank you for your enthusiasm and interest in our program.

If you are interested in housing a player, please complete the application and return it to: Everett Silvertips Hockey Club, 2000 Hewitt Ave., Suite 100, Everett, WA 98201.

Application for Host Family

Date: _____



Host Father's Full Legal Name:			Nickname:		
Host Mother's Full Legal Name:			Nickname:		
Address:		City:	Zip:		
Home Phone: (Please list cell phones below)		E-mail: (Required: we use email a lot to communicate)			
Host Father's Occupation/Employer: Hours:			Work Ph: Cell ph:		
Host Mother's Occupation/Employer: Hours:			Work Ph: Cell ph:		
Children Names:	Ages:	Live at home?	Children Names:	Ages:	Live at home?
Any other people living in house: (list names and relationship)					
Kinds of Pets: (please list)					
Hobbies of family:					
Family involved in any sports? If so, what kind? And how?			Favorite Music:		
Allergies in your household:					
Private Bedroom for Player: Yes/No			Private bath for player: Yes/No		
Does anyone in the house smoke? Yes/No			Approx. miles to arena from your home:		
Computer available internet/e-mail?		DSL/Cable internet?			
Television available to hook up game system?					
Are you familiar with the program?		Have you hosted with other programs? If so, who?			
Do know any of our current billets?		If so, who?			
Would you be interested in more than one player? Yes / No			Are you a season ticket holder?		
Do you have family meals most nights?			Is cooking a problem?		

Reason for wanting to be a host family:
Do you have house rules? Yes / No (If yes, what are they?)
Please write below any other notes of interest:
Please give simple directions to your home (from the arena):
Do you give permission for your name, address, phone and email to be listed in a Silvertip Host Family Directory to be given to all Host Families? Yes / No

All the information in this application is true to the best of my knowledge.

Print Name: _____ Signature: _____ date _____

Print Name: _____ Signature: _____ date _____

Background checks are done on each host family.

(SSN is used for background checks.)

Each member of your household 18years old or older needs to complete and sign an attached Disclosure Statement.

DISCLOSURE STATEMENT - PURSUANT TO CHAPTER 43.43 RCW

Please Answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in Section 43.43 RCW and listed as follows: aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future:

Answer _____ If YES, PLEASE EXPLAIN BELOW.

2. Have you been convicted of crimes relating to financial exploitation if the victim was a vulnerable adult as defined in Chapter 43.43.830(6) RCW as amended, and listed as follows: first, second, or third degree extortion; first, second, or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future?

Answer _____ If YES, PLEASE EXPLAIN BELOW.

3. Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer _____ If YES, PLEASE EXPLAIN BELOW.

4. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer _____ If YES, PLEASE EXPLAIN BELOW.

5. Have you ever been found in any final disciplinary board decision, or by the director of the department of licensing in the following business or professions, to have sexually or physically abused any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult (chiropractic, dentistry, dental hygiene, naturopathy, massage, midwifery, osteopathy, physical therapy, physicians, practical nursing, registered nursing, psychology, real estate brokers, and salesperson)?

Answer _____ If YES, PLEASE EXPLAIN BELOW.

6. Have you ever been found by a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult?

Answer _____ If YES, PLEASE EXPLAIN BELOW.

Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification or termination of service. Furthermore, it is understood that this statement and record become the property of the Everett Silvertips. A criminal history may be requested through the Washington State Patrol or Federal Law Enforcement Agencies.

Pursuant to RCW 9A 72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. In consideration of the Silvertip's review of this statement, I release the Silvertips and all providers of information from any liability as a result of furnishing and receiving any of the information.

Print Full Legal Name _____ DOB: _____

Signature _____ SSN: _____

Date _____

Legal References: RCW 9A.72.085 Perjury and interference with official proceedings--Unsworn statements, certifications RCW 43.43.830 through 43.43.840 Background checks