

Host Family Application and Profile

Date: _____

Host #1:

*Last Name: _____ First Name: _____

*Gender: M or F Year of Birth: _____ Occupation: _____

*DL# _____ exp: _____

Host #2:

Last Name: _____ First Name: _____

Gender: M or F Year of Birth: _____ Occupation: _____

DL# _____ exp: _____

*Address: _____

*Street _____

*City _____ Zip _____

Previous address if less than 7 years: _____

Street _____

City _____ Zip _____

*Home Telephone #: () _____ *Cell#: () _____

Work#: () _____ Emergency phone *() _____

E-mail Address: _____

Please list the names of everyone else living in the household, their relationship to the Host(s) [i.e. daughter, son, roommate, etc.], and their DATE of birth.

Name	Relationship to Host	Male/Female	DATE of Birth	Occupation
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

How many available rooms do you have? _____ How many beds? _____

Will the student have Internet access in your home? Yes _____ No _____

If Yes, what type (high speed, wireless, dial-up)? _____

What are your hobbies and interests? _____

Pets: Dog(s) _____ Indoor or Outdoor _____ Cat(s) _____ Indoor or Outdoor _____

Additional pet information: _____

*You must put all phone numbers so you can be reached in case of emergency

* **Anyone 18 or older living in the home MUST fill out "host" information. Use the back if necessary.**

Int _____/_____

Office use only.

Home visit date: _____

Interviewer: _____

Schools: _____ travel time: _____

Comments: _____

Do you smoke? Yes _____ No _____

Is smoking permitted in the home? Yes _____ No _____ Outdoors Only _____

Do you permit alcohol in your home? Yes _____ No _____

What is the size of the bed in the student's room? _____

Is there a private bathroom available for the student? _____

Will laundry facilities be available? _____ If yes, where? _____

Do you have a preference to the student's age group (15-19, 20-29, 30+)? _____

Do you prefer a male or female student? _____

Do you have a preference to the length of the student's stay (short term: 1-3 weeks, intermediate: 1-3 months, long term: 4-12 months)? _____

Do you have any religious beliefs/practices you would like the student to be aware of? If yes, please specify:

Do the meals you will serve reflect any special dietary restrictions (i.e. Kosher, vegetarian, etc.)? If yes, please specify: _____

Do you have preferences as to the student's language group or nationality? If yes, please specify:

What is your native language? _____

Are there any other languages spoken in your home? If yes, please specify: _____

How much time are you willing to interact with the student (how often are you at home, what is your work schedule like, what kind of things would you do with the student, etc.)? Would your ideal hosting experience involve a student who was like a "member of the family" or would you prefer less involvement?

Thank you for participating in the Homestay Program!

Signature: _____ **Date:** _____