

Host Family Application

Applicant (s) Information:

Applicant's Full Name

Date of Birth

Spouse's Full Name

Date of Birth

Address of Home

Home Phone #

Cell Phone #

E-mail Address

Social Security #

Driver License #

State license was issued

Relationship to Home Owner

Previous address if less than 7 years

Religious background or affiliation

Employment Information:

Occupation

Business Name

Business Address

Business Phone #

Spouse's occupation

Business Name

Business Address

Business Phone #

Please indicate if you are applying to host a student for:

Short term (full academic school year)

Long term (longer than one school year)

Please indicate the following: Our family would like to host a: Girl Boy No Preference

Please indicate how many students your family can host One Two more _____

Family Information

List all members of your household

_____	_____	_____	Lives at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Relationship	Age/Gender			
_____	_____	_____	Lives at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Relationship	Age/Gender			
_____	_____	_____	Lives at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Relationship	Age/Gender			
_____	_____	_____	Lives at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Relationship	Age/Gender			

Description of Home

_____	_____	_____
Total # of Bedrooms	Total # of Bathrooms	Internet Access
_____	_____	_____
Access to Television	Access to T.V.	Computer Access

Will student have own bedroom, if no, who will be sharing the room: _____

Will student have own bathroom, if no, who will be sharing the bathroom: _____

How will student get to and from school and related activities: _____

Do you own pets?: if yes, how many of what kind	Are your pets vaccinated
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Background Information

Have you ever been convicted of a crime: Yes or No (circle one) If Yes, please explain: _____

DWI/DUI Conviction: Yes or No (circle one) If Yes, when and where: _____

Is your Driver's License in good standing: Yes or No (circle one) If No, explain _____

Are all vehicles currently registered and insured ? Yes or No If No, explain _____

References

Please list 3 references below that we may contact in regard to our consideration of your participation in our host family program. Please do not use family as references.

1. Name

Relationship

Phone Number

E-mail Address

2. Name

Relationship

Phone Number

E-mail Address

3. Name

Relationship

Phone Number

E-mail Address

Why are you interested in hosting an international student? _____

If selected as a host family, do you agree to treat the student as your own son/daughter and to provide appropriate parental supervision? Yes No

I certify that all answers and statements provided by me and my family members, on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected and removed from consideration.

Applicant's Signature

Date

Spouse's Signature

Date