

Host Family Application

Male Host Parent Full Name:

DOB:

Female Host Parent Full Name:

DOB:

Contact Info

Home Phone:

Mobile Phone:

Work Phone:

Please * your Preferred Phone:

Email:

Street Address:

City:

State:

Zip Code:

How long have you lived at this address?

Work Info

Profession:

Employer/ Address:..

Job Title:

Phone:..

Other Family Members in your home

Full Name	Sex	Age/Grade	Email

Are all family members living in your home in good health? Y/N If No, please explain conditions.



About Your Household

Number of Bedrooms:

Will the exchange student share a bedroom? Y/N If yes, with whom?

Number of Bathrooms:

Will the exchange student share a bathroom? Y/N If yes, with whom?

Do any family members smoke? Y/N

Do you have pets at home? Y/N

If yes, list pets (ex. Small dog):

Do you have a pool? Y/N

Do you have reliable transportation? Y/N Do you have a valid Drivers License Y/N Have you had any car accidents in which you were at fault in the last 2 years Y/N If yes, please explain.

Family References

Please list a non-family member or relative that can speak to the integrity of your home

Name:

Association/ How long have you known each other:

Email:

Phone:

Emergency Contact (not living with you)

Name:

Phone Number: