

Homestay Application Form

| | | | | | |
|--------------------------|--|------------------|---|---|---|
| Family name | <input style="width: 95%;" type="text"/> | Other name(s) | <input style="width: 95%;" type="text"/> | Date | <input style="width: 95%;" type="text" value="D / M / Y"/> |
| Gender | <input type="checkbox"/> M <input type="checkbox"/> F | Age | <input style="width: 40px;" type="text"/> | Birthdate | <input style="width: 40px;" type="text" value="D / M / Y"/> |
| Country of citizenship | <input style="width: 100%;" type="text"/> | | Country of residence | <input style="width: 100%;" type="text"/> | |
| Present Address | <input style="width: 100%;" type="text"/> | | | | |
| Town or city | <input style="width: 100%;" type="text"/> | State / province | <input style="width: 100%;" type="text"/> | | |
| Postal Code | <input style="width: 100%;" type="text"/> | Country | <input style="width: 100%;" type="text"/> | | |
| Telephone | <input style="width: 100%;" type="text"/> | Email | <input style="width: 100%;" type="text"/> | | |
| Permanent Address | This address is the same as above <input type="checkbox"/> | | | | |
| Street Address | <input style="width: 100%;" type="text"/> | | | | |
| Town or city | <input style="width: 100%;" type="text"/> | State / province | <input style="width: 100%;" type="text"/> | | |
| Postal code | <input style="width: 100%;" type="text"/> | Country | <input style="width: 100%;" type="text"/> | | |
| Telephone | <input style="width: 100%;" type="text"/> | | | | |

Attach
3cm X 4cm
photo
here

| My Family | Age | Occupation | Relationship |
|--|---|--|--|
| <input style="width: 95%;" type="text"/> | <input style="width: 20px;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
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Personal Information

Would you feel comfortable living with a family with small children?

Is religion an important part of your life? Of yes, what religion do you follow?

Personal Habits

Do you smoke?-----> Yes No Sometimes

Do you drink alcoholic beverages?-----> Yes No Sometimes

Do you have any specific chores at home?----> Yes No Sometimes

Preparing meals?-----> Yes No Sometimes

Cleaning the house?-----> Yes No Sometimes

Washing dishes?-----> Yes No Sometimes

Laundry?-----> Yes No Sometimes

Personal Health

Describe the condition of your health. Do you take any medication regularly? If yes, why do you take medicine?

Are you allergic to any animals, plants, foods, or medications? If yes, what kind?

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Activities

How do you spend your free time?

- | | | | | |
|------------------------------------|--------------------------------|------------------------------------|--------------------------------|--|
| Reading -----> | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | |
| Playing sports -----> | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | Which sports? <input style="width: 150px;" type="text"/> |
| Watching movies -----> | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | |
| Watching television -----> | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | What kinds? <input style="width: 150px;" type="text"/> |
| Listening to music -----> | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | What kinds? <input style="width: 150px;" type="text"/> |
| Playing musical instruments -----> | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | |
| Shopping -----> | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | |
| Sightseeing -----> | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | |
| Cycling -----> | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | |
| Hiking -----> | <input type="checkbox"/> Often | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Never | |

Other interests and hobbies:

Preference Information

Do you have a feeling one way or another about children or animals?

Would you be willing to share a room with a son or a daughter of your host family?

Please list any strong dislikes which may affect your housing assignment:

Student Description

Give a brief description of your family in the USA:

List 8-10 words that you would use to describe who you are:

Explain why you are interested in having a homestay experience:

Please add any other information or requests that are important to you: