Host Family Application Form

Name		
Address		
Telephone		
E-mail		
Birth date	Age	
Please list the names, bir Name	th dates, and relation of Birth date(s)	of those living with you. Relation
First language spoken in	your home:	
Second:		
Occupation(s)		
Do you have any pets? _		
Do you allow smoking in	your home? Yes/No	
Is your diet restricted for	any reason? Yes/No 1	f yes, please explain.
Is your house located on	a bus line? Yes/No	
Have you hosted an inte	rnational visitor before	? Yes/No
How was the experience	÷۶	

Why do you want to host an international visitor?_____

What kinds of activities do you enjoy doing? ______ _____

If you hosted an international visitor, how would you entertain him/her on weekends?

Please list your house rules or expectations of international visitors, for example, telephone use, length of showers, visitors/guests for dinner, staying out late, etc.

Have you been convicted of a felony? Yes/No

Is there a history of drugs or violence in your family? Yes/No

REFERENCES: Please list 2 references not related to you.

Name

Phone

RELEASE OF LIABILITY

The Pacific Language and Cultural Exchange reserves the right to use its own discretion when accepting host families. Applications that contain false information can be annulled. The PLACE is not responsible for any damages, claims or loss of life, or personal property from hosting an international visitor.

Signature	Date
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