



Host Family Application

HOST FAMILY

Home Address: _____ City: _____

Postal Code: _____ Home Telephone: _____

Parent One:

First Name: _____

Last Name: _____

Occupation: _____

Work Telephone: _____

E-mail: _____

Cell Phone: _____

Are you over the age of 25? YES NO

Parent Two:

First Name: _____

Last Name: _____

Occupation: _____

Work Telephone: _____

E-mail: _____

Cell Phone: _____

Are you over the age of 25? YES NO

Children / Other Family Members

A. Please list the details of all other members of the household. *(18 years and over require a criminal check)*

First / Last Name	Relationship	M / F	Birth Date	Living at Home?
_____	_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	_____	<input type="checkbox"/> Yes
_____	_____	_____	_____	<input type="checkbox"/> Yes

B. Who will be the main companion(s) for the student(s) during their stay?

C. If you don't have a child at home during the stay, will your student have opportunities to meet other children? Describe how.

D. Will there be any other visitors, including international student from other programs, staying in your home during the stay?

YOUR HOME

A. Please describe your home and the surrounding area:

B. What style of home do you live in?

Detached Bungalow Townhouse Farm Apartment Semi-detached

of bedrooms _____ # of bathrooms _____

C. How many guest rooms are available? **Basement rooms must have a window opening of 2 X 2 feet to serve as an emergency exit*

Main Floor _____ Upper Floor _____ Basement* _____

D. Name of Catchment Schools?

E. Is your house a smoking household? YES NO If yes, where? _____

Would you host a student that smokes? YES NO

F. Does your home have the following? Smoke Detectors Fire Extinguisher Security System Wi-Fi

G. Do you have religious affiliation? YES NO Describe _____

INTERESTS & ACTIVITIES

Indicate the activities your family is interested in **and participates in regularly**.

- | | | | | |
|---------------------------------------|---|--------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Theatre | <input type="checkbox"/> Painting | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Video Games | <input type="checkbox"/> Concerts | <input type="checkbox"/> Gardening | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> History | <input type="checkbox"/> Hockey | <input type="checkbox"/> Hiking | <input type="checkbox"/> Dance | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Biking | <input type="checkbox"/> Soccer | <input type="checkbox"/> Fitness/Aerobics | <input type="checkbox"/> Other |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Tennis | <input type="checkbox"/> Photography | <input type="checkbox"/> Camping | _____ |
| <input type="checkbox"/> Music | <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Shopping | <input type="checkbox"/> Fishing | |
| <input type="checkbox"/> Snowboarding | <input type="checkbox"/> Basketball | <input type="checkbox"/> Boating | <input type="checkbox"/> Golf | |
| <input type="checkbox"/> Collecting | <input type="checkbox"/> Cooking | <input type="checkbox"/> Movies | <input type="checkbox"/> Computer | |

PETS

Do you have any pets? If yes, please indicate below.

Pet Type	How Many	Breed	
Dog	_____	_____	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
Cat	_____	_____	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
Other	_____	_____	<input type="checkbox"/> Inside <input type="checkbox"/> Outside

ADDED INFORMATION

A) How did you hear about our program?

B) Why are you interested in hosting an international student?

C) What aspects of your family life/community/area are you looking forward to sharing with an international student?

D) Can anyone in your family converse in another language(s)? If yes, which language(s)?

E) A few students may have dietary restrictions for health or religious reasons (*vegetarian, allergies, etc.*).

Would your family be able to accommodate these requests? YES NO

F) Does your household have any dietary restrictions or allergies? (*ie gluten free, Vegan*) YES NO

Describe _____

TYPE OF PLACEMENT PREFERRED

We would prefer to host: Females only Males only No preference

There are a variety of hosting opportunities available year round. Please indicated which of the following that you would be interested in participating in:

Long Term Placements (*4 months to one year*) Short Term Placements (*two weeks to 3 months*)

REFERENCES

Please list 2 references who know your family very well. School District No. 22 (Vernon) International Program staff will be the only people contacting your references.

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

Years Known: _____ Years Known: _____