

# Host Family Application

(Please print in ink or type)

\_\_\_\_\_  
Husband's full name

\_\_\_\_\_  
Wife's full name

\_\_\_\_\_  
Residence address

\_\_\_\_\_  
State/Province Country Postal Code

\_\_\_\_\_  
Residence telephone Residence Fax

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Husband's occupation

\_\_\_\_\_  
Business telephone Business Fax

\_\_\_\_\_  
Wife's occupation

\_\_\_\_\_  
Business telephone Business Fax

Age group: Husband:  Over 25  Over 35  Over 45  Over 55  
Wife:  Over 25  Over 35  Over 45  Over 55

Husband's country of birth: \_\_\_\_\_

Wife's country of birth: \_\_\_\_\_

Religious background or affiliation: \_\_\_\_\_

List all children:			
Name	Sex	Age	Lives at home?
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No

List all other persons living in your home: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate foreign language background, if any, for family members: \_\_\_\_\_

\_\_\_\_\_

Name and address of school which student will attend (if applicable): \_\_\_\_\_

Do you have neighbors or friends with secondary school-aged children? \_\_\_\_\_

Please list your hobbies and special interests: \_\_\_\_\_

Please list the hobbies and special interests of your children: \_\_\_\_\_

Organizations and clubs to which family members belong: \_\_\_\_\_

Have family members lived or traveled abroad? If so, outline which member traveled abroad, the year and where they went. \_\_\_\_\_

Please indicate if you have pets in your home:  Cats  Dogs  Other(s): \_\_\_\_\_

Please indicate if you are applying to host a student for:  
 short-term (2-6 weeks)  academic year (3-4 months)

Please indicate the following: My family can receive a:  Boy  Girl  Either

Would prefer to host a student in the:  Fall  Winter  Spring  Summer

Please indicate your feelings about a student who smokes:  
 Will receive smoker  Prefer non-smoker, but will accept smoker  Will not receive smoker

Will the student share a bedroom?  Yes  No If yes, with whom? \_\_\_\_\_

Indicate briefly your main reasons for wishing to participate in this type of program: \_\_\_\_\_

Please describe other hosting experiences you have had: \_\_\_\_\_

Please list three personal references (including their addresses and phone numbers):

1. Name _____	Relationship to you _____
Address _____	
City, State/Province _____	Postal Code _____
Residence telephone _____	Business telephone _____
2. Name _____	Relationship to you _____
Address _____	
City, State/Province _____	Postal Code _____
Residence telephone _____	Business telephone _____
3. Name _____	Relationship to you _____
Address _____	
City, State/Province _____	Postal Code _____
Residence telephone _____	Business telephone _____

How did you learn about Rotary and hosting exchange students? \_\_\_\_\_  
\_\_\_\_\_

If you have any additional comments you would like to include please use the space provided below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of any other families that may wish to host students? If yes, please list their contact information below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Please sign below:	
Husband's signature: _____	Date: _____
Wife's signature: _____	Date: _____