



(Please print in ink or type)
HOST FAMILY APPLICATION

Dist 5020 Host Home

First Adult - Full Name

Country of Birth _____

Age Group Over 25 Over 35 Over 45 Over 55

Religious Affiliation _____

Second Adult - Full Name

Country of Birth _____

Age Group Over 25 Over 35 Over 45 Over 55

Religious Affiliation _____

List all children:			
Name	Sex	Age	Living 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
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No

List full name of all other persons living in your home

Relationship

Aged 18 or over?

Please list foreign language background, if any for family members and residents: _____

Name and address of the school which student will attend: _____

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

Please list the hobbies and special interests of the adults: _____

Please list the hobbies and special interests of the children: _____

Organizations and clubs to which your family belongs: _____

Have family members lived or traveled abroad? If so, which member(s) traveled abroad, the year, and where they went: _____

Please indicate if you have pets in you home: Cats Dogs Others _____

Please indicate if you are applying to host a student for: Short term (less than 3 months) Long term (3 or more months)

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

Would you prefer to host in the: Fall Winter Spring Summer

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

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

Indicate your main reasons for wishing to participate in this type of program: _____

Please describe other hosting experiences: _____

How did you learn about Rotary and hosting exchange students? _____

If you have additional comments you would like to include, please use the space provided below: _____

Do you know of other families that may wish to host students? If yes, please provide their contact information below: _____

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

Please sign below:	
First adult's signature: _____	Date _____ / _____ /200_____
Second adult's signature: _____	Date _____ / _____ /200_____