

INTERCULTURAL HOMESTAYS AND SERVICES, INC.
Host Family Information

Last Name _____ First _____ Spouse _____

Address _____ City _____ State _____ Zip _____

Telephone Number: Home _____ Work _____

Cell Phone: _____ Spouse # _____ E- Mail _____

Children: Name _____ DOB ____/____/____ Sex _____
 Name _____ DOB ____/____/____ Sex _____
 Name _____ DOB ____/____/____ Sex _____

Occupation: Husband _____ DOB _____ Wife _____ DOB _____

College(s) near your home _____ Bus Route(s) to those Colleges _____

Family Interests (Hobbies) _____
 (The more hobbies listed the better) (i.e. Golf? Bike? Piano? Pool?)

Do you allow smoking in your home? Yes _____ No _____ Outside _____

Do you drink? (Optional) _____

Do you have pets? Yes _____ No _____ What kind? _____

Religious Practice (Optional) _____

Have you ever been convicted of a crime? (Optional) Yes _____ No _____

Does anyone in your family have any physical or mental limitations?

Have you hosted a student before? Yes _____ No _____ From what country? _____ Student Preference: Male _____ Female _____ Age _____ # of rooms for students _____
 Smoker _____ Non-Smoker _____

Do you have a security system? _____ Smoke Detectors? _____ Carbon Monoxide Detector? _____

Do you have an available internet connection? (i.e. Broadband or Dial-up) _____

Do you have any specific time of the year that you cannot host a student?

Would you prefer? Temporary Stay (Two Weeks or Less) _____
 Short Term (One to Three Months) _____
 Long Term (Four Months to One Year or more) _____

Personal References:

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

Host Signature _____	Driver's License Number _____	Social Security number _____	Date _____
(Please send a copy with your full application)			

Host Signature _____	Driver's License Number _____	Social Security Number _____	Date _____
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(Send New Host Packet)