| host family Application | | |
| --- | --- | --- |
| Applicant Information | | |
| First Host Parent Name: | | |
| Current address: | | |
| City: | State: | ZIP Code: |
| E-mail: | Home Phone number: | Cell number: |
| Second Host Parent Name: | | |
| E-mail: | Home Phone number: | Cell number: |
| Employment and emergency contact Information | | |
| Occupation/Title/Employer | | |
| Business Conducted at home? | | |
| Name/Address/Phone of person(not living with host family) to contact in case of emergency | | |
| host family’s children | | |
| Child Name: | | |
| Age | Gender | Live at Home? |
| Child Name: | | |
| Age | Gender | Live at Home? |
| Child Name: | | |
| Age | Gender | Live at Home? |
| Child Name: | | |
| Age | Gender | Live at Home? |
| Other people live at home: | | |
| Age | Gender | Relationship |
| Other people live at home: | | |
| Age | Gender | Relationship |
| others | | |
| List animals you have in your home or on your property: | | |
| Is there anyone smoke at home? | | |
| Are you able to provide school transportation for the student? | | |
| Other means student may take to school: | | |
| experiences | | |
| **International Experience:** | | |
| **Hobbies/Community Activities:** | | |
| **Additional information you would like the student to know:** | | |
| **Gender of the student you prefer:** | | |
| Signatures | | |
| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. | | |
| Signature of applicant: | | Date: |
| Signature of spouse | | Date: |