

INTERCULTURAL HOMESTAYS AND SERVICES, INC.
Host Family Information

| | | |
|---|-------------------------|--------------------|
| Last Name | First | Spouse |
| Address | | City |
| Telephone Number: Home _____ | | State _____ |
| Cell Phone: _____ | | Zip _____ |
| E- Mail _____ | | Work _____ |
| Spouse _____ | | Spouse _____ |
| Children: Name _____ | Age _____ | Sex _____ |
| Name _____ | Age _____ | Sex _____ |
| Name _____ | Age _____ | Sex _____ |
| Occupation: Husband _____ | | Wife _____ |
| School(s) _____ | | Bus Route(s) _____ |
| Family Interests (Hobbies) _____ | | |
| (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: (mark # of rooms) Male _____ Female _____ Age _____ | | |
| 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) _____ | | |
| Personal References: | | |
| Name | Address | Phone |
| Name | Address | Phone |
| Host Family Signature | Driver's License Number | Date |

(Mail info packet)