



HOST FAMILY APPLICATION FORM

Applicant's Surname:		Given Name:	
Birthdate:	/ / YYYY MM DD	First Language:	Cell Number:
E-mail Address:		Occupation:	
Spouse's Surname:		Given Name:	
Birthdate:	/ / YYYY MM DD	First Language:	Cell Number:
E-mail Address:		Occupation:	
Address:			
<i>Street</i>	<i>City</i>	<i>Postal Code</i>	
Home Phone:			
List of People Who Live in Your Home:			
1. Name:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	Relationship:
Occupation / School:	First Language:		
2. Name:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	Relationship:
Occupation / School:	First Language:		
3. Name:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	Relationship:
Occupation / School:	First Language:		
4. Name:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	Relationship:
Occupation / School:	First Language:		
5. Name:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Age:	Relationship:
Occupation / School:	First Language:		
Pets (type of breed and age):			
Are you Christian? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Full name of church that family attends:			
Church address:			
Why are you interested in hosting an international student?:			

