

Friendship Family Information

Name(s)

Address

Phone Number

Email

Names and ages of other family members at home:

Preferences for student selection
(Gender, region, country, language, etc)

Do any of your family members smoke?

Do you mind if your international student smokes?

How often are you interested in getting together with your international student?

_____ Occasional day outings

_____ Weekly outings

_____ Monthly outings

_____ Other (please explain)

Would you like to host students in your home for short periods of time or during break periods?

_____ Yes

_____ No

What kind of activities would you like to do with your international student?

Do you have pets? Please describe.

Other pertinent information.