

## International Rental Business Leadership Program

### Host Family Application

\_\_\_\_\_ Arrival cycle: ☐ Summer ☐ Winter Program length is 3 weeks. \_\_\_\_\_  
 Year we want to host Dates: \_\_\_\_\_ to \_\_\_\_\_ Language preference

\_\_\_\_\_ Store name \_\_\_\_\_ Store address

\_\_\_\_\_ Host #1 First Name, Middle Initial, Last Name \_\_\_\_\_ Employer \_\_\_\_\_ Occupation

\_\_\_\_\_ Host #2 First Name, Middle Initial, Last Name \_\_\_\_\_ Employer \_\_\_\_\_ Occupation

\_\_\_\_\_ Home address (mail address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal code \_\_\_\_\_ Country

\_\_\_\_\_ Home phone \_\_\_\_\_ Host #1 Work phone \_\_\_\_\_ Host #1 Cell phone

\_\_\_\_\_ Email \_\_\_\_\_ Host #2 Work phone \_\_\_\_\_ Host #2 Cell phone

### FAMILY MEMBERS/OTHERS RESIDING IN THE HOME (List ALL household members, beginning with host adults)

Name and Middle Initial	Relationship	Living at Home	Birth Date	Country of Birth

### PLACEMENT INFORMATION:

1. What language is spoken in the home? \_\_\_\_\_
2. Family interest and activities: \_\_\_\_\_
3. Is your family willing to host a \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_ no preference?  
Due to family structure and housing we cannot host a \_\_\_\_\_ male \_\_\_\_\_ female.
4. Has your family ever hosted an exchange person before? \_\_\_\_\_ yes \_\_\_\_\_ no? From which country(ies) \_\_\_\_\_
5. Has a family member ever been on an exchange program? \_\_\_\_\_ yes \_\_\_\_\_ no?
6. Religious affiliation or preference: \_\_\_\_\_  
How often do you attend services? \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Occasionally \_\_\_\_\_ Never  
Please comment about hosting a participant with a different or no religious affiliation: \_\_\_\_\_
7. Will the participant share a bedroom? \_\_\_\_\_ yes \_\_\_\_\_ no? If yes, with whom? \_\_\_\_\_ (participant must have a bed of his/her own)
8. Does anyone in the family smoke? \_\_\_\_\_ yes \_\_\_\_\_ no  
What are your feelings about a participant who smokes? \_\_\_\_\_ no problem \_\_\_\_\_ okay if outside home \_\_\_\_\_ prefer not \_\_\_\_\_ strongly object
9. Do you have any pets? \_\_\_\_\_ yes \_\_\_\_\_ no? If yes, what kind(s)? \_\_\_\_\_ indoor \_\_\_\_\_ outdoor
10. Does anyone in the family have dietary restrictions? \_\_\_\_\_ yes \_\_\_\_\_ no