

Temple Christian School International Program Host Family Application

Date _____

Host #1 Name _____ Gender _____
Last, First M.I.

Home Address _____ Zip _____
Street City, State

Date of Birth ___/___/___ Email Address _____

Home Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____ Employer & Occupation _____

What is the best way to contact you? Email _____ Home Phone _____ Cell _____

Host #2 Name _____ Gender _____
Last, First M.I.

Home Address _____ Zip _____
Street City, State

Date of Birth ___/___/___ Email Address _____

Home Phone (____) _____ Cell Phone (____) _____

Work Phone (____) _____ Employer & Occupation _____

Do you (host/applicant) work outside the home?

Yes Full Time ___ Working Days (Circle) & Hours:

Yes Part Time ___ M T W T H F S SUN _____

No, does not work ___

Does host #2 work outside the home?

Yes Full Time ___ Working Days (Circle) & Hours:

Yes Part Time ___ M T W T H F S SUN _____

No, does not work ___

People living in the Home

Name	Gender	Relationship	Age	Occupation/School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is your dwelling place a: House ___ Condominium ___ Apartment ___ Other ___

Number of bedrooms _____ Number of bathrooms _____

Will International student(s) have the following: ___ Own bedroom ___ Own bathroom

Do you have pets? Yes ___ No ___ What kind? _____

How many? _____ Inside _____ Outside _____

1. Please list any medical condition(s) any member of the household may have the program should be made aware of _____

2. Is English your primary language? _____ What other languages do you speak? _____
Yes/ No

3. What are some of the activities/hobbies of your family?

4. Which church are you affiliated with? Please provide pastor's name and phone number

5. Does anyone in the household smoke? Yes ___ No ___

6. Are alcoholic beverages kept in your home? Yes ___ No ___

7. What do you have in your household that the students may use? (i.e. swimming pool, Jacuzzi, wireless internet, piano) _____

8. Can you provide transportation to and from Temple Christian School?
Yes ___ No ___ (Ohio Students may be eligible for bus transportation)

Please give directions from your home to school _____

Approximate distance one way: _____

9. Do you prefer (student/s) Male _____ Female _____

10. How many students can you host at one time (maximum 2 per household)? _____

11. How did you hear about the program? _____

12. Have you previously hosted an international student(s)? Yes ___ No ___

a. Student age _____

b. Country _____

c. Dates you hosted _____

d. Agency _____

e. Contact Person _____

f. Contact Number _____

Please list two references other than family:

Name Gender Relationship Years Known Contact Number

Name Gender Relationship Years Known Contact Number

I, _____ hereby affirm that the information given above is accurate and true to the best of my knowledge. This information provided is strictly for home-stay purposes. All personal information will remain confidential. I agree to hold Temple Christian School and Host Family Coordinator harmless for any damages, losses or injuries that may occur during the home-stay period.

Host #1 Applicant Signature

Date

Host #2 Applicant Signature

Date

Steps to Host Family Approval

1. Finish Application and submit to Temple Christian School
2. Home Visit from Temple Christian School International Program Coordinator
3. Interview with Temple Christian School International Program Coordinator
4. Attend Host Family Orientation

Office Use Only	Active	Student	Gender	Age	Country	Move In	Move Out