

## HOMESTAY HOST FAMILY APPLICATION FORM

## • FAMILY INFORMATION

	First Name		Last Name		Occupation		Year of Birth	
Host Father								
	First Name		Last Name		Occupation		Year of Birth	
Host Mother								
Address						City		
Telephone I	Home				Cell			
	Work				Fax			
					-			
Email			Best tin	ne to contact		Contact p	erson	
Other family Name members		e	Gender	Year of Birth	Relationship		Occupation	
Have you hos	ted internatior	al students	s before?	Yes	No	If yes, how	many years?	
If English is yo	our 2nd langua	age, which	language	(s) do you spea	ık?			
You've been h	nere for	years	Are yo	ou willing to prov	vide a crimina	I record che	ck? Yes No	
Main food styl	e			Does your fam	nily observe a	ny specific d	iet? Yes No	
Does any hou	sehold memb	er smoke?	Yes	No 🗌				
Do you allow s	smoking in the	household	d? Yes	No	lf ye	s: Indoo	r 🗌 Outdoor 🗌	
Do you have p	pets in house?	Yes	No	If yes	s, what kind?		How many?	
What activities	s does your fa	mily enjoy	doing toge	ether?				

## HOUSE INFORMATION

Type of residence: House Apartment House age:									
How many bedrooms in the house: Number of rooms used for homestay:									
Which floor	Bathroom (shared or not)	Computer (Y/N)	Internet (wireless/wired)	Phone (Y/N)	TV (Y/N)				
	edrooms in the	edrooms in the house:	edrooms in the house: Num	edrooms in the house: Number of rooms used for he	edrooms in the house: Number of rooms used for homestay:				

## • <u>OTHERS</u>

If necessary, are you able to drive students to	and from school?	Yes	No	
More information you want to provide:				

Any request for the students:

1615, 200 Burrard Vancouver, BC, Canada V6C 3L6

Tel: 1 604 608 6188 E-mail: <u>service@cinec.ca</u> Fax: 1 604 563 6969 Web: www.cinec.ca