



Volunteer Host Family Application Form

Address Information							
Home Address:							
Home Telephone:				Postal Code			
Email for Home stay C	orrespon	dence:					
May we forward this co						ocal coordinator	
and/or host families ho	osting stu	dents from	the same	e group?	Yes	No	
Main Contacts							
Primary Contact Person	nn -		5	Secondary (Contact Person	(if applicable)	
Surname:				Secondary Contact Person (if applicable) Surname:			
First Name:				First Name:			
Birth Date (dd/mm/yy):			I	Birth Date (dd/mm/yy):			
Occupation:				Occupation:			
Office Address:			(Office Address:			
Work Telephone:				Work Telephone:			
Personal Mobile no.:			I	Personal Mobile no.:			
Guest Preference							
GENDER:	Fema	le		Male		No Preference	
Other Resident Members in the Home.							
Name	Male /	Birth Date		Relati	onship	Occupation / Standard of studying	
(SURNAME, First Name)	Female	(mm/dd/yy)		to prii	nary contact		
	M/F						
	M/F						
	M/F						
	M/F M/F						
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Would you host a guest who is willing to smoke outside only? Yes No							

Home Information		
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Type of home: A	partment Bungalow/Tenement Own	ned Rented
Description of home (st	tyle of decorating/architecture, type of flooring, squ	iare footage BHK etc.).
Amenities available		
TV DVI	D/VCR Air Conditioner Computer	Internet
Any Other (Please Spec	ify including Vehicle):	
What languages are spo	ken in the home?	
Would you like to go w	ith foreign guests for sightseeing/for shopping in yo	our vehicle? Yes No
Why do you want to	host Foreign Guest?	
Agreement		
	rracy of all information enclosed in the Host Family nderstand the information provided in the Informa	
Families between Dates		ation outde for Front
Date (dd/mm/yy)	Printed Name (Primary Contact)	Signature
 Date (dd/mm/yy)	Printed Name (Secondary Contact)	 Signature

Photographs of House and Family members