



5460 rue de Verneuil - Anjou/Montréal - H1K 3J6
 Tél/Fax (514) 493-9068 - Email :sli@sliquebec.ca
 www.sliquebec.ca

For Area Representative use only:

Exchange student: _____	Country: _____	Organisation: _____
Area Representative: _____	Date of Home Visit: _____	Term/Year: _____
Local Airport: _____	Regional Director: _____	

HOST FAMILY APPLICATION

Application Instructions:

1. Type or print clearly and legibly, using black ink.
2. Give complete answers, and be sure to sign the form at the bottom of the last page.
3. Provide two references with complete names, addresses, and telephone numbers in Part D of this application. Your application cannot be considered without these two references.
4. Return the completed Host Family Application and Host Family Profile to your S.L.I. Area Representative.

Please understand that your application does not confirm the placement of a student in your home. Likewise, your application does not commit you to becoming a host family.

Family Name: _____

Last	Father	Mother		
Address: _____				
Street	City	State	ZIP	Country

Home telephone: _____

Work telephone: _____

Length of time in Community _____
(If less than 1 year, please list previous address)

Fax number: _____

Previous address: _____

Street	City	State	ZIP	Country
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Names of children, whether at home or not, and other persons living in the home	Age	Living at home or No	(Yes	Sex (Male or Female)	Relationship

	Employer	Occupation	Full/Part Time	Work Telephone no.	Work Hours
Father					
Mother					

HOW DID YOU LEARN ABOUT S.L.I. ?

- Another Host Family
 Neighbour/ Friend
 Radio
 Other (specify) _____
 Another Exchange Student
 School / Teacher
 Newspaper ad

PART A : HOST FAMILY INFORMATION

1. Why does your family want to host an exchange student? _____

2. Has your family ever hosted an exchange student before? No Yes If yes, when did you host?

How long did the student live with your family? _____

3. If there are no teenagers in your home, what opportunities will the student have for association with other teenagers?

4. What experiences have you had interacting with teenagers outside your family? _____

5. Have any of your family members had experiences with other cultures? No Yes If yes, please list:

6. Do any family members speak a foreign language? If yes, please explain. _____

7. Does anyone in your home smoke? No Yes Occasionally

8. Would you be willing to host a student who smokes? No Yes Maybe

What specific restrictions, if any, would you put on the student's smoking habits while in your home?

9. What is your family's religious preference/denomination/congregation? _____

10. How often do you attend religious services? More than once a week Weekly Occasionally Never

11. Do you expect the student to attend religious services with your family? No Yes

If yes, how often: _____

12. Would you feel comfortable hosting a student who did not attend religious services or services other than your own?

No Yes Uncertain Comments: _____

13. What pets, if any, do you have? Please specify if they are inside or outside the house. _____

14. Would you be willing to host a student who is allergic to animals? No Yes

PART B : HIGH SCHOOL INFORMATION

What is the name, address, and telephone number of the local public high school that the exchange student will most likely attend?

City

State

ZIP

Country

Telephone

Approximately how far is the school from your home? _____

How will the exchange student get to school? _____

Which of the family's children, if any, presently attend the school? _____

If applicable, list sports/clubs/activities in which your children participate at school? _____

What is the approximate size of the student body? _____

PART C : HOST FAMILY'S BACKGROUND

1. Has anyone in your family ever been arrested or convicted for any offence other than a minor traffic violation?

No

Yes

If yes, please explain: _____

2. Is your family currently receiving any kind of public assistance? (For example, Welfare, Medicaid, Food stamps)

No

Yes

If yes, please explain: _____

3. Do any family members have a psychological or physical disability? No Yes

No

Yes

If yes, how might this disability influence the placement of an exchange student with your family? _____

PART D : HOST FAMILY REFERENCES

Please give two (2) references whom we may contact. These references can be work associates, friends, school officials, etc. Do NOT use relatives as references. Make sure you COMPLETELY fill out the names and addresses, including ZIP codes, and telephone numbers of the references. Your application cannot be finalized without these two references. All information that we receive on the reference forms is kept *strictly confidential*.

REFERENCE #1

Name: _____

Street: _____

City: _____ State: _____ ZIP: _____ Page 4
Telephone: () _____ Fax : () _____
Relationship: _____ Number of years: _____

REFERENCE #2


Name: _____
Street: _____
City: _____ State: _____ ZIP: _____
Telephone: () _____ Fax : () _____
Relationship: _____ Number of years: _____

I / We hereby certify that the information given on the pages of the Host Family Applications is true and complete to the best of my / our knowledge.

Signature of Parent _____ Date _____

Signature of Parent _____ Date _____

All of us at S.L.I. thank you for taking the time to fill out our application to become a Host Family. In order to expedite your application, please return your completed application to your S.L.I. Area Representative as soon as possible. If he/ she has not already done so, your Area Representative will make an appointment to meet with you in your home at your earliest convenience.

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HOST FAMILY PROFILE

Exchange Student: _____
Family Name: _____
Last Name Father Mother

1. In what type of community do you live? Urban Suburban Rural Farm

Please briefly describe your neighbourhood and community: _____

2. In what kind of home do you live? Single family dwelling Condominium Duplex Apartment

Briefly describe your home? _____

3. Will the exchange student share a bedroom? No Yes If yes, with which family member? _____

4. Describe the room that the exchange student will be occupying while living in your home.

Does the room provide space for study? _____

5. What is a typical weekday in your household, including daily routine, meals, chores, etc. ? _____

6. What is a typical weekend in your household? _____

7. What are some of the regular athletic activities that members of your family enjoy doing or watching?

- | | | | | |
|-------------------------------------|--|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Cycling | <input type="checkbox"/> Hiking | <input type="checkbox"/> Skateboarding | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Fishing | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Skiing | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> American Football | <input type="checkbox"/> Sailing | <input type="checkbox"/> Soccer | <input type="checkbox"/> Volleyball |

In which other sport activities do family members participate? _____

HOST FAMILY PROFILE, continued

8. Which of the following recreational activities/hobbies do members of your family enjoy doing?

- | | | | | |
|----------------------------------|------------------------------------|-----------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Camping | <input type="checkbox"/> Computers | <input type="checkbox"/> Dancing | <input type="checkbox"/> Picnics | <input type="checkbox"/> Stamp collecting |
| <input type="checkbox"/> Chess | <input type="checkbox"/> Concerts | <input type="checkbox"/> Drawing | <input type="checkbox"/> Photography | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Cinema | <input type="checkbox"/> Cooking | <input type="checkbox"/> Painting | <input type="checkbox"/> Shopping | <input type="checkbox"/> Video games |

In which other activities/hobbies do family members participate? _____

9. Do members of your family enjoy singing or playing musical instruments? If yes, please indicate which musical instruments are played by family members and which instruments you have in the home.

10. Please list memberships in clubs and community organizations for each family member: _____

11. Specifically describe your expectations regarding the responsibilities and behaviour of your student while in your home:

Homework: _____

Household chores (ex. keeping room clean, helping around home):

Social activities (ex. dating, parties):

Curfews (ex. school night and weekend):

Drinking of alcoholic beverages:

Smoking:

Other household rules that might affect the exchange student:

Please complete the Host Family Profile along with the Host Family Application and return it to your S.L.I. Area Representative.