

Host Student
COMPLETE AND RETURN TO:

E-Mail Address of Contact Person: Beth Dunn elizabethdunn@gmail.com

434-846-0094

Last Name: _____

Age: _____

Sex: _____

Do you have your driver's license? _____

Name of School and Year _____

Email address: _____

Cell Phone Number: _____

How would you describe yourself (quiet, reserved, introvert, outgoing, talkative, extrovert)?

How do you spend your free time? _____

What Hobbies and Interest do you have? _____

Do you like animals? (What type) _____

What languages do you speak? _____

What countries have you visited? _____

Have you ever been a guest in a private home in a foreign country? _____

Do you play sports, and if so, what kind? _____

Do you play a musical instrument, and if so, what kind? _____

What type music do you like? _____

Which of the following activities do you prefer? List from 1-11 (1 being most preference, 11 being least preference):

	Visiting historical sites
	Visiting museums
	Visiting cities you are not acquainted with
	Getting to know rural life
	Hiking
	Visiting public/political offices
	Visiting different types of schools and their system
	Shopping
	Sports events
	Beach/Pool activities
	What other possibilities do you consider worth mentioning?

Further information which you consider important in your selection as a host:

Why do you wish to participate in this exchange program?

HEALTH INFORMATION:

In order to obtain a view of your condition of health, we ask you to please answer the following questions as accurately as possible.

What is the condition of your health? _____

Are you regularly taking medication? If so, which ones? How often? For what reason?

What type of sports are you not permitted to participate in? _____

Do you take medication for allergies? _____

Do you have asthma? _____

Are you on a special diet? _____

Do you follow a vegetarian diet? _____

Do you have a family doctor? _____

If so, provide his name, address, telephone number, fax number, e-mail address, and office hours: _____

EMERGENCY CONTACT INFORMATION:

Name of Adult who may be contacted in the event of an emergency:

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

E-mail address: _____

Skype Contact: _____

Please note: Only honest answers help in the selection of you as a host family; information regarding the condition of health and important phone numbers are absolutely necessary in order to ensure prompt action in emergencies! Of course, all answers will be treated confidentially.

Sister City is of the opinion that serving as a host family provides a unique opportunity to share our culture with the culture of your guest. Often relationships are formed that extend far beyond the short time the guest is in your home. You likely will be invited to visit your guest in their home in Europe. You as well as your entire family will be greatly enriched by this experience.

Each exchange participant is requested to write his/her guest a letter/e-mail as soon as the host family/student information is made available.

Please provide any other useful information in the space provided below.

Finally, no exchange is complete unless we learn about each other's life, culture and country.

Are you comfortable speaking before small groups and are you willing to do so? _____

This form can be sent back to us as an e-mail attachment. And please send a photo of you and one of your family to include with your information.