FITCHBURG STATE COLLEGE

Office of International Education

HOST FAMILY PROGRAM

Application Form for Host Families

Personal Information	**Date:**
1. Name:	2. Preferred E-mail Address:
3. Home Address:	
4. Home Phone:	5. Work Telephone:
6. Marital Status: *Single/Married/Divorced	7. Spouse's name if applicable:
8. Are you able to provide transportation for your host student to your place of residence if necessary? [ ] Yes [ ] No	
9. Do you have any children? [ ] Yes [ ] No	10. If you answered yes to **question 9**, please provide the name(s) and age(s) of your children:
11. Do you live in a smoke-free household? [ ] Yes [ ] No	12. Religious Affiliation (if any):
13. Do you have any pet? [ ] Yes [ ] No (if yes, please specify)	
14. College Status: [ ] Faculty Member --- Department: [ ] Staff Member ------- Department: [ ] Administrator ------ Department:	
15. How did you learn about the Host Family Program? [ ] Campus-Wide E-mail [ ] Friend, who? [ ] Brochure [ ] Other, please specify	
Student Preference *The Office of International Education will try it's best to match you with a student with similar interests wherever possible	
16. I would prefer our International student to be: [ ] Male [ ] Female [ ] No preference [ ] Smoker [ ] Non-smoker [ ] No preference Country/Region:	17. How many semesters are you available to be in Host Family? [ ] 1 [ ] 2 [ ] 2+
18. Would you be interested in hosting more than one student? [ ] Yes [ ] No	
19. What are you hobbies, special interests, foreign languages spoken, field/industry of work etc …	
20. If a student has a family, would you be interested in hosting them as well? (families may include a wife and/or children) [ ] Yes [ ] No	
21. Briefly describe your motivation for becoming a host family, including possible activities you would do, (you may attach a sheet or continue at the back of this sheet if necessary).	
For Office Use Only	
Notes:	Host Student: Contact Made: [ ] Yes [ ] No