

HOSTING QUESTIONNAIRE

Thank you for your interest in hosting an international visitor in your home. Please complete this form, using additional pages where necessary.

Primary Contact Information					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
E-mail		Best time to reach			
Phone		Cell			
Employer		Job Title			
Work address					
City/State/Zip					

Other Adults in Household				
Name		Relation		Occupation/ Employer
Name		Relation		Occupation/ Employer

Children Living at Home				
Name		Age (DOB)		Gender
School Name & Grade				
Name		Age (DOB)		Gender
School Name & Grade				
Name		Age (DOB)		Gender
School Name & Grade				

Please respond to the following questions: (attach separate paper for extended answers if needed)

1. Why are you interested in hosting an international visitor?

--

2. Please describe any previous experience hosting international visitors, if any:

--

3. Type of residence: House Apartment Condominium Other: (Describe)

4. We need to offer our guests a bedroom with a closing door and bed in which only the guest will sleep. If you choose to host two guests of the same gender, it is OK for both guests to share a room with two beds.

We would like to host 1 guest		We would like to host 1 or 2 guests.	
Type of room:	Existing guest room	Other (describe):	
Bathroom:	Private bathroom for guest only	Family shared bathroom	

5. Transportation: Can you provide transportation as needed?

	Is there public transportation nearby?	
--	----------------------------------------	--

	Are there cab companies easily accessible to you?	
--	---------------------------------------------------	--

6. Do you have pets? If yes, please describe, (i.e. what kind of animal, living indoors or out, temperament, etc.)

--

7. Languages other than English (if any) spoken by household members:	
8. Please describe your meal schedule and customs. Usual time of meals, do you observe any specific diet?	
9. Please describe your typical weekend routine.	
10. What ideas do you have for activities to do with your guest(s)? What activities does your family enjoy doing together? (may include hobbies)	
11. Please describe ways in which you and your family are involved in community activities —e.g., school groups, church or religious groups, or other volunteer activities.	

12. Smoking: Please check all that apply:		
We prefer not to host a guest who smokes.	<input type="checkbox"/>	We are willing to host a guest who smokes and ask that he/she smoke out of doors. <input type="checkbox"/>
At least one member of the family smokes in the home.	<input type="checkbox"/>	We are happy to host a guest who smokes. Smoking is allowed in our house. <input type="checkbox"/>
13. How did you learn of this hosting opportunity?		