

Office Use Only
Date Rec'd _____
WSP's Rec'd _____

HOST FAMILY APPLICATION

APPLICANT

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY _____

ZIP CODE: _____

HOME PHONE: _____

CELL PHONE _____

E-MAIL _____

SSN: _____

DRIVERS LIC. #: _____

OCCUPATION: _____

NAME OF COMPANY: _____

WORK PHONE: _____

CURRENT RELATIONSHIP STATUS:

SINGLE _____ MARRIED _____

LIVING WITH SIGNIFICANT OTHER _____

SPOUSE / ROOMMATE / SIGNIFICANT OTHER

LAST NAME: _____

FIRST NAME: _____

ADDRESS: _____

CITY _____

ZIP CODE: _____

HOME PHONE: _____

CELL PHONE _____

E-MAIL _____

SSN: _____

DRIVERS LIC. #: _____

OCCUPATION: _____

NAME OF COMPANY: _____

WORK PHONE: _____

RELATIONSHIP TO APPLICANT:

SPOUSE _____ ROOMMATE _____

SIGNIFICANT OTHER _____

HOW LONG HAVE YOU LIVED IN WA STATE? _____

DISTANCE IN MILES TO SVC _____ DISTANCE TO NEAREST BUS LINE _____

TYPE OF HOME: DETACHED HOUSE _____ DUPLEX / TRIPLEX _____ APARTMENT _____

CONDOMINIUM _____ MOBILE HOME _____ OTHER _____

NUMBER OF BEDROOMS _____ BATHROOMS _____

CHILDREN--(PLEASE LIST NAMES, BIRTHDATES, AND SEX OF ALL CHILDREN LIVING AT HOME WITH YOU.)

DO YOU HAVE CHILDREN **NOT** LIVING AT HOME? _____ IF SO, INCLUDE NAMES AND LOCATIONS (CITY & STATE):

ARE THERE ANY OTHER PEOPLE LIVING IN THE HOME, INCLUDING EXTENDED FAMILY MEMBERS, ROOM MATES, FRIENDS OR BOARDERS? PLEASE LIST NAMES, BIRTHDATES, SEX, RELATIONSHIP AND LENGTH OF TIME RESIDING IN WA STATE:

HAVE ANY HOUSEHOLD MEMBERS EVER BEEN CONVICTED OF A CRIME? PLEASE GIVE DETAILS:

DO ANY HOUSEHOLD MEMBERS HAVE A CHILD PROTECTIVE SERVICES (CPS) HISTORY? (IF SO, WE WILL NEED A SIGNED RELEASE TO ACCESS THE CPS FILE.) IF THERE IS A HISTORY, PLEASE GIVE DETAILS:

HAVE YOU EVER HAD AN ADOPTIVE HOME STUDY OR APPLIED FOR LICENSING?

DO ANY HOUSEHOLD MEMBERS HAVE A CHRONIC PHYSICAL OR MENTAL ILLNESS? IF SO, PLEASE GIVE DETAILS:

PRIMARY LANGUAGE SPOKEN AT HOME _____ OTHER LANGUAGES SPOKEN _____

PLEASE LIST PETS LIVING AT THE HOME, AND DISTINGUISH IF THEY ARE INSIDE OR OUTSIDE PETS:

DO ANY HOUSEHOLD MEMBERS SMOKE? _____ INSIDE / OUTSIDE? _____

ALCOHOL CONSUMED IN THE HOME? NEVER _____ RARLY _____ OCCASIONALLY _____ DAILY _____

HAVE YOU HOSTED A STUDENT BEFORE? _____ IF SO, WHAT NATIONALITY (S)? _____
FOR HOW LONG? _____

NUMBER OF BEDROOMS AVAILABLE FOR STUDENT (S)? _____

BATHROOMS FOR STUDENTS: SHARED _____ PRIVATE _____

DO YOU WANT TO HOST MORE THAN ONE STUDENT AT A TIME? _____

IF SO, HOW MANY? _____

STUDENT PREFERENCE: MALE _____ FEMALE _____ EITHER _____

COUNTRY PREFERENCE? _____

ARE YOU WILLING TO HOST MINORS (STUDENTS UNDER THE AGE OF 18)? _____

ARE YOU WILLING TO HOST STUDENTS WHO ARE GAY? _____

WILL YOU ALLOW A STUDENT TO SMOKE AT YOUR HOME? _____ INSIDE /OUTSIDE? _____

WILL YOU ALLOW STUDENTS TO USE ALCOHOL IN YOUR HOME? YES _____ NO _____

IS THERE A PHONE IN THE STUDENT (S)'S ROOM? YES _____ NO _____

MAY THE STUDENT PUT IN THEIR OWN PHONE LINE AT THEIR EXPENSE? YES _____ NO _____

DO YOU HAVE A MUSICAL INSTRUMENT (S) IN YOUR HOUSE? _____

IF SO WHAT KIND(S): _____

RELIGIOUS AFFILIATION: CHRISTIAN _____ JEWISH _____ MUSLIM _____ BUDDHIST _____ HINDU _____

OTHER _____ NONE _____ PREFER NOT TO ANSWER _____

DO YOU PRACTICE YOUR RELIGIOUS FAITH? YES _____ NO _____ PREFER NOT TO ANSWER _____

WHAT RESTRICTIONS DO YOU PLACE ON VISITS BY STUDENT'S FRIENDS?

CHORES THE STUDENT WILL BE ASKED TO PERFORM IN THE HOME?

TO HELP US MATCH YOU WITH A STUDENT, PLEASE RATE YOUR FAMILY ON A SCALE OF 1 TO 5 ON ITEMS YOU VALUE AND THAT YOU FEEL APPLY TO YOUR HOUSEHOLD. (ONE IS LOW, FIVE IS HIGH)

- | | |
|----------------------------|---|
| _____ QUIET HOME | _____ BUSY HOME |
| _____ PLANNED FAMILY MEALS | _____ FLEXIBLE DINING |
| _____ NEATNESS | _____ DISCIPLINE |
| _____ INDEPENDENCE | _____ COMMUNICATION WITH FAMILY |
| _____ INDIVIDUALITY | _____ SHARING OF HOUSEHOLD RESPONSIBILITIES |
| _____ MANNERS | _____ FAMILY CENTERED ACTIVITIES |
| _____ PUNCTUALITY | _____ HUMOR |
| _____ PRIVACY | _____ PATIENCE |
| _____ AFFECTIONATE | _____ OTHER _____ |

SOME AMERICAN FAMILIES SPEND A LOT OF THEIR FREE TIME AT HOME; OTHERS SPEND VERY LITTLE TIME AT HOME, PREFERRING ACTIVITIES AWAY FROM THE HOUSE. SOME FAMILIES HAVE REGULAR EVENING COMMITMENTS. WHICH TENDS TO DESCRIBE YOUR SITUATION?

PLEASE LIST ACTIVITIES THAT YOUR FAMILY ENJOYS

ANY OTHER INFORMATION ABOUT YOURSELF OR YOUR FAMILY YOU WOULD LIKE TO SHARE?

WHY DO YOU WANT TO HOST AN INTERNATIONAL STUDENT?

LIST TWO INDIVIDUALS, NOT RELATED TO YOU, WHO WILL SERVE AS CHARACTER REFERENCES.

(Please list name, address, phone, e-mail and relationship to you.)

HOUSING CATEGORIES

ROOM & KITCHEN ACCESS (For students wanting more independence)

- **No meals included**
- **Monthly stipend of \$425**
- **Refundable \$100 damage deposit collected from student**
- **Non-refundable \$50 cleaning fee collected from student**

MINIMUM STAY EXPECTED IS ONE QUARTER. THE DEPOSIT IS REFUNDABLE TO THE STUDENT 30 DAYS AFTER DEPARTURE, *IF* ALL DEBTS AND PHONE BILLS HAVE BEEN PAID. STUDENTS MUST BUY AND PREPARE THEIR OWN FOOD. HOSTS MAY OR MAY NOT INCLUDE STUDENTS IN FAMILY ACTIVITIES. HOST IS NOT RESPONSIBLE FOR STUDENT'S TRANSPORTATION.

TRADITIONAL HOMESTAY (For students wanting a family-like atmosphere)

- **All food included, and Host provides at least 5 prepared dinners per week.**
- **Monthly stipend of \$600**
- **Refundable \$100 damage deposit collected from student**
- **Non-refundable \$50 cleaning fee collected from student**

MINIMUM STAY EXPECTED IS ONE QUARTER. THE DEPOSIT IS REFUNDABLE TO THE STUDENT 30 DAYS AFTER DEPARTURE, *IF* ALL DEBTS AND PHONE BILLS HAVE BEEN PAID. THIS PLAN **INCLUDES AT LEAST FIVE PREPARED MEALS PER WEEK. ALL FOOD FOR OTHER MEALS IS TO BE PROVIDED BY THE HOST FOR STUDENT PREPARATION.** HOSTS SHOULD PLAN ON INCLUDING STUDENTS IN THEIR FAMILY ACTIVITIES. HOST IS NOT RESPONSIBLE FOR STUDENT'S TRANSPORTATION.

I AM INTERESTED IN:

_____ ROOM AND KITCHEN ACCESS (\$425 STIPEND)
 _____ TRADITIONAL HOMESTAY (\$600 STIPEND)
 _____ EITHER

HOSTING PROGRAMS

ONGOING SVC STUDENTS

THESE STUDENTS ARE STUDYING AT SVC FOR AN UNDETERMINED LENGTH OF TIME. THE STUDENTS ARE USUALLY HERE FOR A MINIMUM OF ONE QUARTER, AND DEPENDING UPON THEIR EDUCATIONAL GOALS, MAY BE HERE FOR TWO YEARS OR MORE. THEY MAY WISH TO ENTER A HOMESTAY UPON ARRIVAL TO HELP ACCLIMATE THEMSELVES TO THE U.S., AND THEN MOVE ON TO AN APARTMENT OR THE DORMS. THEY MAY ALSO WISH TO STAY WITH A FAMILY THE ENTIRE PERIOD OF THEIR STUDY AT SVC. HOSTS ARE OBLIGATED FOR ONLY ONE QUARTER AT A TIME.

SPECIAL PROGRAM STUDENTS

SPECIAL PROGRAM STUDENTS STUDY AT SVC FOR THE DURATION OF THEIR PROGRAM ONLY. THESE PROGRAMS CAN VARY IN RANGE FROM 2 WEEKS TO AN ACADEMIC YEAR. TYPICALLY ALL SPECIAL PROGRAM STUDENTS NEED A TRADITIONAL HOMESTAY ARRANGEMENT FOR THEIR ENTIRE STAY. THE HOST PROVIDES FOOD. THESE STUDENTS DESIRE A FAMILY ATMOSPHERE.

I AM INTERESTED IN HOSTING:

- _____ ONGOING SVC STUDENTS
- _____ SPECIAL PROGRAMS STUDENTS
- _____ EITHER

AFFIDAVIT -- I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING AND ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT I MUST ANSWER THIS APPLICATION TRUTHFULLY AND COMPLETELY. ANY FALSIFICATION OR DELIBERATE MISREPRESENTATION, INCLUDING OMMISION OF A MATERIAL FACT IN COMPLETION OF THIS APPLICATION CAN BE GROUNDS FOR DENYING HOSTING OPPORTUNITIES AND/OR TERMINATING INCLUSION IN THE HOST FAMILY PROGRAM AT SKAGIT VALLEY COLLEGE.

Signature of Applicant _____ **Date** _____

Signature of Co-Applicant _____ **Date** _____

Skagit Valley College provides a drug-free environment and does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation, or age in its programs and employment.