

APPLICATION FOR HOST FAMILY

Please answer carefully. This information will be provided to your student to help them know something about your family before their arrival.

Return Application to: **Intensive English Language Program (address above)**

Head of household _____ Occupation _____

Other adult(s) _____ Occupation(s) _____ Relationship _____

_____ Relationship _____

_____ Relationship _____

Street Address _____

City

State

Zip Code

Home phone

FAX

Cell phone

E-mail address

Children's names: _____

Year of birth _____

International Student Preference: Male Female No Preference

Will you accept an outside smoker? Yes No No Preference

Note: All Smokers will be required to smoke outside only.

Accommodations for Student: Private Room Private Bathroom Shared Bathroom

Please list all pets you may have _____

Does your family speak any foreign languages? Please list all. _____

Please list any dietary restrictions (e.g., kosher, vegetarian) _____

Why does your family want to host a foreign student? _____

Describe the activities that your family enjoys (e.g., watching films, playing sports, board games).

What are some activities that you think you will enjoy with your international student(s). Why?

Are you interested in hosting more than one student? Yes No

Have you ever hosted international students through other programs? Yes No

If yes, briefly describe your experience. _____

Please write any other information that you feel would be helpful in making the best match for your family. _____

Moreover, by signing below, I/we acknowledge that I/we have read and understand this waiver and that by signing it, I/we surrender valuable rights, which is done freely and voluntarily.

1. RELEASE, WAIVE, DISCHARGE AND AGREE NOT TO SUE, Temple University-of the Commonwealth System of Higher Education and all its successors, assigns, affiliates, officers, directors, employees and agents (“Temple”) from all manner of actions and causes of action, suits, debts, accounts, judgments, claims and demands whatsoever in law or equity, and attorney’s fees, including all claims arising out of any incidents involving personal injury in any way by reason of participation in the program;

- 2. ASSUME RESPONSIBILITY FOR HIS/HER OWN SAFETY AND ANY AND ALL RISKS involving or arising from his/her participation in the Program, including the negligent or deliberate act of another person;
- 3. INDEMNIFY, DEFEND AND HOLD TEMPLE and its officers and employees and agents harmless from any and all claims, causes of action, damages, judgments, costs and expenses, including attorney's fees, whatsoever, arising from his/her participation in the program.

Name

Signature

Date

Name

Signature

Date

Please attach a recent photo of your family and of the outside of your house.

