



Homestay Family Application Form

Date: _____

FAMILY MEMBERS INFORMATION

Family Members (Over 18 years old)

Member 1

Full Name: _____ Date of Birth (m/d/y): _____

Email: _____ Cell Phone: _____ Work Phone: _____

Occupation: _____

Member 2 (If applicable)

Full Name: _____ Date of Birth (m/d/y): _____

Email: _____ Cell Phone: _____ Work Phone: _____

Occupation: _____

Member 3 (If applicable)

Full Name: _____ Date of Birth (m/d/y): _____

Email: _____ Cell Phone: _____ Work Phone: _____

Occupation: _____

Family Members (Under 18 years old)

Name: _____ Date of Birth (m/d/y): _____

Name: _____ Date of Birth (m/d/y): _____

Name: _____ Date of Birth (m/d/y): _____

Please list other people living in your home (excluding homestay students)

Emergency contact:

Name: _____ Phone _____

Please list your family's hobbies and interests:

Why would you like to become a homestay family?

HOME INFORMATION

Home Address: _____ City _____ Postal Code: _____

Household facilities available for students in your home:

TV Computer Wifi Telephone Hot tub BBQ Laundry Dryer

Smoke detectors Yes No Security System Yes No

Does anyone in your family smoke inside the house? Yes No

Do you have any pets? Yes No If yes, please provide details

Rooms

Number of rooms available for students: _____

Where is/are the student room/s located in your home? _____

Student's room:

Bed Linens Closet Dresser Desk Lamp Wastebasket Other

Student's washroom:

Private Shared if yes, how many people share access? _____

Bus Route

Closest bus routes to downtown from your home _____

How near is the closest bus stop from your home (by walking)? _____

How long is a bus ride from your home to Downtown Victoria? _____

STUDENTS PREFERENCES

Gender Preference: Male Female Both

Age Prefer: 10-17 18-25 25+

How many students are you willing to accommodate? _____

Will you accept a smoker in your house if he/she smoke outside? Yes No

Will you accept a vegetarian student? Yes No

Availability to host: All year Specific dates please specify:

HOMESTAY EXPERIENCE

Name of Institution: _____ Member Since: _____

Name of Institution: _____ Member Since: _____

Thank you for complete this application form. Please send this form back to Antonio@inlinguavictoria.com

Signature of applicant

Date