



# Educational Homestay Programs

EF EHP  
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## HOST FAMILY APPLICATION

Returning EHP Host Family:   
For Office Use Only  
Date Received: \_\_\_\_\_

### Basic Information

Applicant's full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Type of Residence:  House  Apartment / Condominium  
Is your home carpeted?  Yes  No  
Do you smoke?  Yes  No  
Do you have any pets  Yes  No  
If you have any pets, please give details: \_\_\_\_\_

### For Staff Use Only

Course #: \_\_\_\_\_  
ITL bus: \_\_\_\_\_  
Recruiter name: \_\_\_\_\_  
Interviewer name: \_\_\_\_\_  
Interview date: \_\_\_\_\_ # of students: \_\_\_\_\_

Student #	Student Name

### Host Family Information:

Please list all persons who will live in the household during the program's duration (including the applicant).

Full Name	Gender	Relationship to Applicant	Date of Birth	Occupation

**Home Information:** Some of the information below is required by the law of our students' country of origin and does not necessarily constitute selection criterion.

Have you hosted students before?  Yes  No If yes with which organization: \_\_\_\_\_

How did you hear about EF? \_\_\_\_\_

Does anyone living in your household have a serious illness, disability, or nervous disorder?  Yes  No

If yes, please give details: \_\_\_\_\_

Has any member of your family/household been convicted of a misdemeanor/felony?  Yes  No

If yes, please give details: \_\_\_\_\_

### Matching Information:

What is the primary language spoken in your home? \_\_\_\_\_

Would you allow a student to smoke inside your home?  Yes  No  Only outside

Would you prefer to host:  Boy  Girl  No preference  
 1 student  2 students  3 students  4 students

Would you be willing to host a student with special dietary needs (vegetarian, food allergies, etc)?  Yes  No

Will the student(s) have his/her/their own room?  Yes  No

If no, with whom will the student(s) share? \_\_\_\_\_

*EHP students can only share a room with a maximum of 2 other people. The max # of foreign students per host family is limited to 4, incl. other organizations' students.*

Host Family Hobbies & Interests (Please mark all that apply)

- Reading  Hiking  Horseback Riding  Music  Golf
- Baseball  Soccer  Arts & Crafts  Tennis  Dance
- Swimming  Cooking  Martial Arts  Biking  Other: \_\_\_\_\_
- Camping  Football  Computers  Movies  Other: \_\_\_\_\_

Please describe your family's lifestyle: \_\_\_\_\_

	Reference 1	Reference 2	Reference 3	Interested Friend 1	Interested Friend 2
Name					
Phone #					

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that as a Host Family I must provide room and board for EHP student(s) and arrange transportation to and from classes and activities. I also agree to notify the Program Leader prior to taking our student(s) away overnight. I hereby confirm to the best of my knowledge and belief the information given on this form is correct and complete.

*White copy: Boston / AM, Yellow copy: Recruiter, Pink copy: Host Family*