



## COMOX VALLEY INTERNATIONAL STUDENT PROGRAM

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# INTERNATIONAL PROGRAM HOST FAMILY APPLICATION FORM

*As we have many applications we cannot guarantee placement of a student. Placements are made for one or two semesters. Sometimes we do have students who come for a one to three months. This does not guarantee future placements. Usually, we place only one student per family each semester. .*

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

Applicant #1 \_\_\_\_\_

Applicant #2 \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/Postal Code: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ (Host Mother) Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ (Host Father) Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

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### School Information:

Nearest elementary school \_\_\_\_\_ distance \_\_\_\_\_

Nearest high school \_\_\_\_\_ distance \_\_\_\_\_

Is there a city bus stop near your home?: \_\_\_\_\_ distance? \_\_\_\_\_

➤ How did you hear about this program? \_\_\_\_\_

➤ Language spoken at home \_\_\_\_\_

- Have you ever had a foreign student stay in your home? If yes, what nationality, how long and when did he/she stay?  
 Yes/No \_\_\_\_\_ Nationality \_\_\_\_\_ Length of Stay \_\_\_\_\_  
 Agency \_\_\_\_\_

List all people who live in your home.

ADULTS	AGE	DATE OF BIRTH	RELATIONSHIP	OCCUPATION	FIRST LANGUAGE
STUDENT/CHILDREN	AGE		RELATIONSHIP	SCHOOL	FIRST LANGUAGE
ADULT CHILDREN					LOCATION

- Briefly describe your home (number of bedrooms, bathrooms, social areas, levels, etc.)

Level(s) \_\_\_\_\_ Bathroom(s) \_\_\_\_\_ Bedroom(s) \_\_\_\_\_ Backyard \_\_\_\_\_

Front yard \_\_\_\_\_ Balcony \_\_\_\_\_ Social Areas \_\_\_\_\_

Amenities: (e.g. internet, hot tub, trampoline, cabin, pool, piano)

\_\_\_\_\_

- Describe the room where the student(s) will sleep.

Location: \_\_\_\_\_ Size: \_\_\_\_\_

Furnishings: \_\_\_\_\_

- Does any family member smoke? \_\_\_\_\_

- Do you allow smoking in your home? \_\_\_\_\_

- What are your family's rules about drinking of alcohol? \_\_\_\_\_

- What are your family's rules about the use of the telephone? \_\_\_\_\_

\_\_\_\_\_

➤ What are your family's hobbies and interests?

(circle) skating skiing water sports golfing fishing horse riding hiking bicycling  
community sports school sports dance lessons music/drama other (describe)

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➤ List your house pets if you have any? \_\_\_\_\_

➤ Are you willing to transport your student to various activities and to encourage/support his/her participation? \_\_\_\_\_

➤ In our program, activities are very important. With what activities are you presently involved? \_\_\_\_\_

➤ How much and what kind of assistance are you prepared to give your student(s) with school assignments? \_\_\_\_\_

➤ Write anything else that you feel is important for student(s) to know about your household. (food, laundry, family rules, etc.)

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➤ What is the work schedule of family members? \_\_\_\_\_

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➤ Do you prefer: (circle one) Boy Girl

➤ Do you speak another language? If yes, which language? \_\_\_\_\_

➤ Religious denomination: \_\_\_\_\_ How actively do you pursue your religion:

Very actively

Weekly

Occasionally

Never

➤

➤ Why are you interested in hosting an international student?

\_\_\_\_\_

➤ Are you currently experiencing any marital discord which would impact on the atmosphere in the home? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

➤ Has any adult in the home been diagnosed or sought treatment for drug or alcohol abuse? If so, please describe: \_\_\_\_\_

➤ Have any of your family members suffered severe depression or emotional problems that required treatment? If so, describe: \_\_\_\_\_

➤ Have any of your children been diagnosed with behavioral and/or learning difficulties? If so, please describe: \_\_\_\_\_

➤ Has anyone in your household been charged with a criminal offence? Yes\_\_\_ No\_\_\_  
If so, please describe: \_\_\_\_\_

➤ **References:**

➤ Please provide the names and telephone numbers of two references (not relatives):

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Comments (for office use only):

\_\_\_\_\_

\_\_\_\_\_

Criminal Record Check Completed \_\_\_\_\_ Driver's Abstract \_\_\_\_\_

