

# host family application



IFF

621 Holly Ridge Road  
Severna Park,  
Maryland 21146

FOR COORDINATOR USE ONLY

Program # \_\_\_\_\_  
Coordinator \_\_\_\_\_  
Area Coordinator \_\_\_\_\_  
Student \_\_\_\_\_

HOST FAMILY NAME \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
FATHER'S NAME \_\_\_\_\_ ( ) \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

Father's Age \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Mother's Age \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

List all children living at home during the program and any other persons or family members living in the household.

NAME	Sex	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of bedrooms in the home \_\_\_\_\_

Will the student have his or her own room?  YES  NO

If your family has pets, specify type and number. \_\_\_\_\_

Family Interests and Hobbies \_\_\_\_\_

Is smoking permitted?  YES  NO

PLEASE GIVE THE NAME AND PHONE NUMBER OF TWO LOCAL REFERENCES.

Name _____	Relationship _____	Phone ( ) _____
Name _____	Relationship _____	Phone ( ) _____

HOST FAMILY SIGNATURE (must be signed) \_\_\_\_\_ DATE \_\_\_\_\_

FOR COORDINATOR USE ONLY

Coordinator Signature (must be signed) \_\_\_\_\_ Date \_\_\_\_\_

Date of Home Interview \_\_\_\_\_ Date of Match \_\_\_\_\_

Return Copies as follows: White to Home Office upon Host Family sign-up; Yellow to Home Office upon Matching; Pink for your own records.