



HOST FAMILY APPLICATION FORM

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PERSONAL INFORMATION

Name of Applicant: _____ Date of Birth: _____

Address: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Occupation: _____

Nationality: _____ Place of Birth: _____ Work Schedule: _____

FAMILY PROFILE

Please list all members living in your home:

Name	Relationship to Applicant	DOB (MM/DD/YYYY)	Occupation	Native Language

Languages spoken at home: _____

Do you have any pets?

Yes No If yes, please specify pet type: _____

Does anyone in your home smoke?

Yes No Inside Outside Only

Will you accept a smoker in the house if they smoke outside?

Yes No

Please provide a brief description of your family's hobbies and interests:



Describe a typical family weekday routine:

Would you be open to having a student participate in some of these family activities?

Yes No

Does your family have a religious affiliation?

Yes No

Attend religious services?

Yes No If yes, which religious? _____

Would you feel comfortable hosting a student who has different religious beliefs from those practiced in your household?

Yes No

Is Internet available for your students:

Yes No

Has your family had previous experience with people from other cultures?

Yes No

Hosting an international student?

Yes No

Do you have a criminal record check you can provide us?

Yes No

ROOMS INFORMATION

Total amount of bedrooms available to students in your home: _____

	Room #1	Room #2	Room #3	Room #4
Location (2nd Floor, Basement, etc.)				
Bed Size (Single, Queen, etc.)				
Number of Beds in Room (1 or 2)				
Window in Room (Y or N)				
Private Washroom (Y or N)				
Facilities in Room (Describe Specific)				



If shared washroom, how many people share access: _____

Do students share your phone line?

- Yes No

If no, do they have access to another phone in the home?

- Yes No

Can you pick up and drop off your student from home to school?

- Yes No

(Note: You must have a cell phone to do pick-up and drop-off)

STUDENT PREFERENCES

Gender preference:

- Male Female Both

Are you putting 2 students in one bedroom? (If yes, two separate beds are required with plenty of living space)

- Yes No

Can you provide 2 meals/weekdays and 3 meals/weekends?

- Yes No

ADDITIONAL INFORMATION

*Please describe specific family rules that student in your home must follow:

SIGNATURE

I/We understand that I/we cannot be guaranteed a student and that there is a 3-day trial period during which I/we or the student may choose to end the arrangement, only if all the following conditions are satisfied:

- a. both host family and students agree with the cancellation of arrangement;
- b. At least one staff of GEA must investigate the situation and approve the cancellation.

I/We understand that the information collected on this form is used for the administration of the Homestay program and hereby authorize GEA to disclose this information to our Homestay student(s).

Signature (Typed or Signed) _____

Date (MM/DD/YY) _____

*Please provide us some pictures of your home and your family members along with this application.