



Do you give us permission to contact these programs/schools or agencies as references to the Homestay that you provide? Yes \_\_\_\_\_ No \_\_\_\_\_

If no please explain why. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in hosting an international student?  
\_\_\_\_\_

Why are you interest in hosting a student with Global Village specifically?  
\_\_\_\_\_

### HOME INFORMATION

How many bedrooms are in your home? \_\_\_\_\_ How many bedrooms are available for students? \_\_\_\_\_

How many bathrooms are in your home? \_\_\_\_\_ How many bathrooms are available for students? \_\_\_\_\_

Who will the student be sharing the bathroom with? \_\_\_\_\_

Do you have any time restrictions regarding the use of the bathroom? \_\_\_\_\_

Do you have the following items in your home for student use?

Family Computer: Yes \_\_\_\_\_ No \_\_\_\_\_

Internet Wireless Access: Yes \_\_\_\_\_ No \_\_\_\_\_

If the student brings their own lap top will they have wireless access in your home? Yes \_\_\_\_\_ No \_\_\_\_\_

Musical Instruments (eg. piano, guitar, ect.): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list instruments that you would allow the student access to: \_\_\_\_\_

Sporting Equipment (eg. bicycle, skis, snowboard): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list equipment that you would allow the student access to: \_\_\_\_\_

Wheel chair access: Yes \_\_\_\_\_ No \_\_\_\_\_

Other special items the student may use \_\_\_\_\_

Do any family members smoke tobacco? Yes \_\_\_\_\_ No \_\_\_\_\_

Do any family members smoke cannabis? Yes \_\_\_\_\_ No \_\_\_\_\_

Do any family members drink alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you allow smoking in your home? Yes \_\_\_\_\_ No \_\_\_\_\_ Outside Only

Please indicate your family's guidelines regarding the following:

Use of the telephone: \_\_\_\_\_

Use of Laundry facilities: \_\_\_\_\_

Use of the television (*please indicate if you have cable*): \_\_\_\_\_

Use of Kitchen: \_\_\_\_\_

Will the student be required to make their own lunch? Yes \_\_\_\_\_ No \_\_\_\_\_ Sometimes \_\_\_\_\_

Please indicate what you would expect the students to take for their lunch. \_\_\_\_\_

Drinking of alcohol (legal age students only): \_\_\_\_\_

Meal times: \_\_\_\_\_

### STUDENT'S ROOM INFORMATION

	Room #1		Room #2	
Bed size (eg. Twin)				
Television in room	Yes _____	No _____	Yes _____	No _____
Telephone in room	Yes _____	No _____	Yes _____	No _____
Desk & Chair in room	Yes _____	No _____	Yes _____	No _____
Private Bathroom	Yes _____	No _____	Yes _____	No _____
Bathroom shared by students only	Yes _____	No _____	Yes _____	No _____
Location of room (eg. Basement)				

### TRAVELLING TO SCHOOL

What area do you live in (eg. Farifield) \_\_\_\_\_

Home to nearest bus stop (walking distance in minutes) \_\_\_\_\_

	Bus number/name	Time Intervals (eg. Every 15 minutes)	Alternate Route	
			Bus Number/name	Time Intervals
Bus				
Transfer				
Transfer				

**Approximate total time needed to travel to school \_\_\_\_\_ minutes**

Name the shopping mall nearest to your home: \_\_\_\_\_

Is it walking distance? If yes, how long? \_\_\_\_\_

Are there any other recreational facilities near the home? (eg. parks, swimming pools, gyms, etc.) \_\_\_\_\_

Are you or any family members a vegetarian? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please describe the diet. \_\_\_\_\_

If no, would you be willing to host a student with diet restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_

What are your family's hobbies and interests? \_\_\_\_\_

What kind of activities would you include the student in? \_\_\_\_\_

Realistically, how much time would you be willing and able to spend with your student during the day? (eg. 45 minutes during and after dinner) \_\_\_\_\_

Are you willing to give your student some assistance with school assignments? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you attend a church, if yes, what denomination? \_\_\_\_\_  
(Only because some students wish to attend a specific church with their homestay family)

