



Family Name	State	Participant Name (if known)
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Form A: Host Family Information
To be completed by host family. Please type or print in black ink.
This form will be shared with the participant and his/her natural family.

Area Team/ Chapter _____	High School Name _____	State _____
Father's Last Name _____	First Name _____	Occupation _____
Mother's Last Name _____	First Name _____	Occupation _____
Home Address (mail address as required for home delivery) _____		City _____
		State _____
		Zip Code _____
Home Phone _____	Fax _____	Father's Work Phone _____
		Mother's Work Phone _____
Email _____	Father's Cell Phone _____	Mother's Cell Phone _____

FAMILY MEMBERS/ OTHERS RESIDING IN THE HOME

Name, beginning with parents	Relationship	Living at Home? (circle)		Birthdate			Country of Birth
		Yes	No	Month	Day	Year	

PLACEMENT INFORMATION:

1. Religious affiliation or preference: _____ How often do you attend services? weekly monthly occasionally never
 Please comment about hosting a participant with a different or no religious affiliation: _____
2. Is your family willing to host a male female no preference? Due to family structure and housing we cannot host a female male.
3. Will the participant share a bedroom? yes no If yes, with whom? _____ (Participant must have a bed of his/her own)
4. Does anyone in the family smoke? yes no
 What are your feelings about a participant who smokes? no problem okay if outside home prefer not strongly object
5. Do you have any pets? yes no If yes, what kind? _____ indoor outdoor
6. What language is spoken in the home? _____ What other languages are known by family members? _____
7. Has your family ever hosted on the AFS program? yes no From which country(ies)? _____ Year(s)? _____
 Has a family member ever been on an AFS program? yes no
 Name _____ Program _____ Year _____ Country _____

STATISTICAL DATA:

This information will be used for monitoring and tracking purposes and will not be considered in our decision about you being a host family for an AFS Participant. You are not required to respond; however, it would be very helpful if you did. Please check the box or boxes that correspond to the background of your family:
African American or Black American Indian Alaskan Native Asian Caucasian Hispanic or Latino Pacific Islander Native Hawaiian
Other (please specify) _____

Please return this form to your local AFS volunteer.

Or, submit to the AFS Admissions Center by
 fax (503-961-8388), email (hostfampapers@afs.org),
 or mail to: AFS Admissions Center
 506 SW 6th Avenue, 2nd Fl
 Portland, OR 97204
 Phone: 1-800-237-4636