



Walla Walla Community College International Programs HOST FAMILY APPLICATION

When completed please return to:

Walla Walla Community College
International Programs
500 Tausick Way
Walla Walla, WA 99362
international@wwcc.edu

FAMILY INFORMATION:

Family Address: _____

Cell Phone: _____ Home Phone: _____ E-mail Address: _____

Head of Household:

Name: _____ Age: _____
Occupation: _____ Work schedule: _____
Employer: _____ Work Phone: _____

Head of Household:

Name: _____ Age: _____
Occupation: _____ Work schedule: _____
Employer: _____ Work Phone: _____

List all Family Members (other than parents)

Name	Male/Female	Birth Date	Relationship	Living at home
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

How will the student get to and from the College? _____

STUDENT MATCHING INFORMATION:

1. a. Would your family prefer to host a Male or Female student? No Preference

b. How many students do you wish to host? _____

2. Will the student have a private room? Yes No

If no, with whom will the student share a room? _____

Briefly indicate the habits and personality of the person: _____

3. a. Do members of your family smoke cigarettes? Yes No

b. Would you host a student who smokes? Yes No

c. If yes, where would the student be allowed to smoke? _____

4. Do members of your family drink alcoholic beverages? Regularly Sometimes Never

5. Does any member of your family have a serious or chronic illness, disability, nervous or mental disorder? Yes No

If yes, please describe. _____

6. a. What religious affiliation (if any) does your family have? _____

b. Religious activities are: Regular Occasional Rare

c. Would you agree to host a student who holds religious beliefs other than those held by your family? Yes No

d. Would you expect the student to attend your church? Yes No

7. Do you have pets? Yes No Please describe (indoor/outdoor): _____

8. Have you ever hosted an international student? Yes No

If yes, Dates: _____ Program: _____ Home Country: _____

9. What second languages, if any, are spoken by family members? _____

10. Has your family ever visited a foreign country? Yes No

If yes, which members, which countries, and when? _____

11. Briefly describe your home and your neighborhood (include number of rooms, bedrooms, yard, etc.): _____

12. Why would you like to host an international student? _____

What kind of involvement do you envision for an international student living in your home? _____

13. What basic rules do you expect the student to follow in your home? _____

14. Has any member of your household ever been convicted of a crime other than a traffic violation? Yes No

If yes, please explain. *(Background checks must be conducted for all adults, 16 years and older, who permanently reside in the home.)*

15. FAMILY INTERESTS (Mark all of the activities that your family enjoys)

Sports	Arts & Entertainment	Hobbies	Social Activities
<input type="checkbox"/> Baseball	<input type="checkbox"/> Dancing	<input type="checkbox"/> Cooking	<input type="checkbox"/> Dating
<input type="checkbox"/> Basketball	<input type="checkbox"/> Drama/Theatre	<input type="checkbox"/> Gardening	<input type="checkbox"/> Participating in Clubs
<input type="checkbox"/> Bicycling	<input type="checkbox"/> Music/Singing	<input type="checkbox"/> Handicrafts	
<input type="checkbox"/> Camping/Hiking	<input type="checkbox"/> Painting/Drawing	<input type="checkbox"/> Knitting	
<input type="checkbox"/> Fishing	<input type="checkbox"/> Photography	<input type="checkbox"/> Sewing	
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Visiting Museums	<input type="checkbox"/> Stamp/Coin Collecting	
<input type="checkbox"/> Horseback Riding	<input type="checkbox"/> Reading	<input type="checkbox"/> Travelling	
<input type="checkbox"/> Judo/Karate	<input type="checkbox"/> Watching TV/Movies	<input type="checkbox"/> Chess	
<input type="checkbox"/> Aerobics			
<input type="checkbox"/> Skating	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Soccer	_____		
<input type="checkbox"/> Swimming	_____		
<input type="checkbox"/> Tennis/Table Tennis	_____		
<input type="checkbox"/> Volleyball	_____		
<input type="checkbox"/> Walking			

16. If not selected as a host family, would you be interested in becoming a Conversation Partner, engaged in occasional, informal activities with a student? YES NO

17. Please list the name, address, and phone number of two references who know you and your home well. These can be friends, co-workers, relatives, or anyone who knows you well enough to give us a little information about your family.

Reference 1:

Name: _____

Address: _____

Phone: _____

Reference 2:

Name: _____

Address: _____

Phone: _____

Print Name of Applicant _____ Date _____

SIGNATURE of Applicant _____

Please use this space for photos or any other information you may wish to give us:

Thank You for Your Application!

We will contact you soon to arrange a home visit and give you the date for the next orientation.