HOST FAMILY PROGRAM STUDENT SURVEY

Name			Nickname				
First	Middle	e Last					
YES, I want to be placed with a Host Fam			ilyNO, I am not interested in having a Host Fami				
Address							
Home Phone							
Date of Birth _		A	ge Gender				
	<u>Mother</u>		<u>Father</u>				
Name			Name				
Address (if different from above):			Address (if different from above):				
Home Phone			Home Phone				
Work Phone			Work Phone				
Place of Work			Place of Work				
E-mail Address			E-mail Address				
High School gra	aduated from						
State			Graduating class size				
Extra Curricula	r Activities you partic	cipated in during H	figh School: (please check)				
SPORTS		ARTS	CLUBS				
Football	Cheer/Pom	☐ Choir	Pep Club				
Baseball	Golf	Band	Student Council				
Basketball	Swim	Orchestra	☐ FCA				
☐ Gymnastics		Pep Band	Church Youth Group				
Tennis		☐ Jazz Band	☐ Camping				
Soccer		Dance					
Track		☐ Drama					
☐ Volleyball		Debate					
High school hor	nors received (for exa	mple: All League	, salutatorian):				

Leadership Roles (for example: officer of club and/or church youth group, team captain or co-captain):

Do you have relatives i If yes, list name and ad		ea?	☐ YES	□NO		
Area in which you wan	t to major:					
What sports, clubs, and	activities do you	ı plan to	participate in at	Bethel C	College:	
Music interests:						
Hobbies:						
What are your favorite Meat Potatoe		owing ca	tegories? (You <u>Vegetable</u>	may list	more than one.) <u>Fruit</u>	<u>Dessert</u>
Snack food						
List any foods that you	do NOT like:					
Do you wish to attend a	a church while att	tending (
If yes, what denominate	onal church wou	ld you v	vish to attend?			
☐ Methodist	☐ Catholic	☐ Mei	nnonite Lut	heran	☐ Baptist	
Other					_	
Do you have a car?	Yes	☐ No				
Would you like a host f	amily who could	help yo	u with maintena	nce/care	of your car?	
	Yes	☐ No				
Would you like a host f parents' activities at the				vities and	d/or substitute fo	or your family at
What other kinds of ass	sistance would yo	ou like to	see your host fa	amily hel	p you with?	

Work history while in High School (list where you worked and what you did):

Do you have special medical needs the l	nost famil	ly should be aware of and/or give su	pport?
Yes	☐ No		
If yes, please explain:			
What specifically do you need from a ho	ost family	?	
Are you an international or U.S. citizen)		
If international, what country?			
ii international, what country.			
Do you prefer a host family with a simil	ar cultura	al background? Yes No	
If yes, which culture do you prefer?			
Do you have a brother(s)?	Numb	er No er No	
Do you have a sister(s)? Yes	Numb	er No	
Sister Name(s) Age]	Brother Name(s) Age	
Please include a snapshot of yourself an	d your fai	mily if available.	
If you are willing to participate in the H	ost Famil	y Program, please sign below. (Pare	ent or guardian signature
verifies their interest and support for thi			-
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Student Signature	Date	Parent/Guardian Signature	Date