

Name of Host School

Host Family Fact Sheet

City

State

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Name of Intern			To be hosted from	I	to
Host Family Requirements:	 The Host Family provides free room and board (3 daily meals) for the Intern. The Intern must have a private bedroom. The Host Family must host the Intern for a minimum of eight weeks. 				
About you and your fam	ily:				
First Name:		Last Name:			
Street Address:		City:		State:	ZIP:
Primary Phone #:	Secondary Phone #:			Work #:	
E-mail:	Occupation:				
Do you have any children?	Yes No -	If yes, please list the	neir names and ages:		
Please list names, age, and rela	ationship to you of o	ther adults (over 1	8) living in the home:		
Do you have any pets?	es No - If y	es, list the kind and	d if indoor or outdoor:		
Please list your family's dietary alcohol consumption, etc.	restrictions, hobbies	s, regular activities,	your expectations abo	out intern's sm	oking and
I commit to hosting for (select o	ne): 8 weeks	1 semester	Full school year	Other:	
Signature of Host Family Rep	Date:				
			Date:		
Signature of Host School Rep	oresentative				

PLEASE RETURN THIS TO YOUR AMITY PROGRAM COUNSELOR!