



Please return completed form to:
Callie Hubbard
 Email: gyv@legacyintl.org
 Fax: 540-297-1860

HOSTING QUESTIONNAIRE

Thank you for your interest in hosting an international visitor in your home. Please complete this form, using additional pages where necessary.

Primary Contact Information						
Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State			ZIP
E-mail			Best time to reach			
Phone			Cell			
Employer			Job Title			
Work address						
City/State/Zip						

Other Adults in Household				
Name		Relation		Occupation/ Employer
Name		Relation		Occupation/ Employer

Children Living at Home				
Name		Age (DOB)		Gender
School Name & Grade				
Name		Age (DOB)		Gender
School Name & Grade				
Name		Age (DOB)		Gender
School Name & Grade				

Please respond to the following questions: (attach separate paper for extended answers if needed)

1. Why are you interested in hosting an international visitor?

--

2. Please describe any previous experience hosting international visitors, if any:

--

3. Type of residence:	House	<input type="checkbox"/>	Apartment	<input type="checkbox"/>	Condominium	<input type="checkbox"/>	Other: (Describe)
------------------------------	-------	--------------------------	-----------	--------------------------	-------------	--------------------------	-------------------

4. We need to offer our guests a bedroom with a closing door and bed in which only the guest will sleep. If you choose to host two guests of the same gender, it is OK for both guests to share a room with two beds.

We would like to host 1 guest	<input type="checkbox"/>	We would like to host 1 or 2 guests.	<input type="checkbox"/>
Type of room:	Existing guest room	Other (describe):	<input type="checkbox"/>
Bathroom:	Private bathroom for guest only	Family shared bathroom	<input type="checkbox"/>

5. Transportation:	Can you provide transportation as needed?	<input type="checkbox"/>
	Is there public transportation nearby?	<input type="checkbox"/>
	Are there cab companies easily accessible to you?	<input type="checkbox"/>

6. Do you have pets? If yes, please describe, (i.e. what kind of animal, living indoors or out, temperament, etc.)

--

--	--

7. Languages other than English (if any) spoken by household members:

--

8. Please describe your meal schedule and customs. Usual time of meals, do you observe any specific diet?

--

9. Please describe your typical weekend routine.

--

10. What ideas do you have for activities to do with your guest(s)? What activities does your family enjoy doing together? (may include hobbies)

--

11. Please describe ways in which you and your family are involved in community activities —e.g., school groups, church or religious groups, or other volunteer activities.

--

12. Smoking: Please check all that apply:			
<input type="checkbox"/>	<input type="checkbox"/>	We prefer not to host a guest who smokes.	We are willing to host a guest who smokes and ask that he/she smoke out of doors.
<input type="checkbox"/>	<input type="checkbox"/>	At least one member of the family smokes in the home.	We are happy to host a guest who smokes. Smoking is allowed in our house.
13. How did you learn of this hosting opportunity?			

Please submit your completed form:

Via "Submit" button on e-form
or email to Callie at gyv@legacyintl.org
or fax to attention: Callie Hubbard 540-297-1860
Or mail to:

Callie Hubbard, Homestay Coordinator
Legacy International
1020 Legacy Drive; Bedford, VA, 24523
Phone: 540-871-0882 Fax: 540-297-1860 gyv@legacyintl.org

Thank you!