

**Please return completed form to:**

*Email:* [homestays@legacyintl.org](mailto:homestays@legacyintl.org)

**HOSTING QUESTIONNAIRE**

Thank you for your interest in hosting an international visitor in your home. Please complete this form. Feel free to write as much as you wish. *This information helps us match your family with our guests, AND gives your visitor some advance information about you!*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Primary Contact Information** | | | | | | | | | | | | | |
| Last Name | | | | First | | | | | | M.I. | Date form completed | | |
| Street Address | | | | | | | | | | | | | |
| City | | | | | State | | | | | ZIP | | | |
| E-­‐mail | | | | | Best time to reach | | | | | | | | |
| Home Phone | | | | | | | Cell | | | | | | |
| Occupation & Employer | | | | | | | | | | | | | |
| Work Address (Street/City/State/Zip) | | | | | | | | | | | | | |
| **Other Adults in Home** | | | | | | | | | | | | | | | |
| 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 | |  | | | | | | | | | | | | |

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| **Please respond to the following questions:** *(Attach separately for extended answers if needed)* | | | | | | | | | | | | | | | | | | |
| **1. Why are you interested in hosting an international visitor?** | | | | | | | | | | | | | | | | | | |
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| **2. Please describe any previous experience hosting international visitors, if any:** | | | | | | | | | | | | | | | | | | |
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| **3. Type of residence:** | | | House |  | Apartment | | | |  | | Condominium | | | |  | Other (describe): | | |
| **4. Legacy requires that we offer our international 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.** | | | | | | | | | | | | | | | | | | |
| How many guests would you like to host? | | | | | | | | | |  | | | | | | | | |
| Type of room(s): | Existing guest room | | | | | | | | | Other (describe): | | | | | | | | |
| Bathroom: | Private bathroom for guest(s) only | | | | | | | | | Family shared bathroom | | | | | | | | |
| Additional comments about accommodations?: | | | | | | |  | | | | | | | | | | | |
| **5. Transportation:** | | Can you provide transportation? Any specific limitations that is good for Legacy to know about? (If your guest is staying for more than a weekend, please discuss transportation needs during weekdays with Legacy’s Homestay Coordinator.) | | | | | | | | | | | |  | | | | |
| Is there public transportation near your home? | | | | | | | | | | | | | | | Yes No | |
| Are there cab companies, Uber or Lyft accessible from your home? | | | | | | | | | | | | | | | Yes No | |
| **6. Do you have pets? If yes, please describe, (i.e. what kind of animal, living indoors or out, temperament, etc.)** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **7. What languages other than English (if any) spoken by household members:** | | | | | | | |  | | | | | | | | | | |
| **8. Please describe your meal schedule and customs.** (Typical meals times and routine. Meals eaten together as a family or Individually? Any specific diet?) | | | | | | | | | | | | | | | | | | |
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| **9. Please describe your typical weekend routine.** | | | | | | | | | | | | | | | | | | |
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| **10. Please describe your typical week night routine.** *(May skip if just hosting for a weekend.)* | | | | | | | | | | | | | | | | | | |
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| **11. What ideas do you have for activities to do with your guest(s)? What activities does your family enjoy doing together? (Include hobbies!)** | | | | | | | | | | | | | | | | | | |
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| **12. 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.** | | | | | | | | | | | | | | | | | | |
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| **13. Smoking: Please check all that apply:** | | | | | | | | | | | | | | | | | | |
| We prefer not to host a guest who smokes. | | | | | | | | | | | |  | We are willing to host a guest who smokes and ask that he/she smoke outside. | | | | |  |
| At least one member of our family smokes in the home. | | | | | | | | | | | |  | We are happy to host a guest who smokes. Smoking is allowed in our house. | | | | |  |
| **14. How did you learn of this hosting opportunity?** | | | | | |  | | | | | | | | | | | | |
| **15. Anything else you would like to share?** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |

Please submit your completed form to

email: [homestays@legacyintl.org](mailto:homestays@legacyintl.org)

mail: Homestay Coordinator, Legacy International

1020 Legacy Drive

Bedford, VA, 24523

Thank you!