

**Please return completed form to:**

*Email:* 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.)** |
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|  **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.)* |
|  |
| **11. What ideas do you have for activities to do with your guest(s)? What activities does your family enjoy doing together? (Include hobbies!)** |
|  |
| **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

mail: Homestay Coordinator, Legacy International

1020 Legacy Drive

Bedford, VA, 24523

Thank you!