



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!

Primary Contact Information

Last Name	First Name	M.I.
Street Address		
City	State	ZIP
E-mail	Best time to reach	
Home Phone	Cell Phone	
Occupation & Employer	Work Address (Street/City/State/ZIP)	

Other Adults in Home

Name	Relationship	Occupation/Employer
Name	Relationship	Occupation/Employer

Children Living at Home

Name	Age (DOB)	Gender
Name	Age (DOB)	Gender
Name	Age (DOB)	Gender

Please respond to the following questions: (Attach separately for extended answers if needed)

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

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

3. Type of residence

House

Condominium

Apartment

Other
(describe)

4. Legacy requires that we offer our international guests a bedroom with a closing door and a 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 guests only

Family shared bathroom

Additional comments about accommodations

5. Transportation:

Can you provide transportation? YES NO

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 the Homestay Coordinator.)

Is there public transportation near your home?	YES	Are there cab companies, UBER or LYFT accessible from your home?	YES
	NO		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?)

9. Please describe your typical weekend routine.

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.

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

e-mail: homestays@legacyintl.org

mail: Homestay Coordinator, Legacy International
1020 Legacy Drive
Bedford, VA, 24523

Date Form Completed:

Thank you!