 Summer 2024

 Host Family Application

 5-week program: July 2nd – August 2nd, 2024

*\*\*\* Students will arrive on June 30 or July 1, departing August 2 or 3 \*\*\**

|  |  |
| --- | --- |
| Host Mother (Spouse/Partner) | Host Father (Spouse/Partner) [ ]  not applicable |
| Last Name:      | First Name:      | Last Name:      | First Name:      |
| Home Address:      | City:      | Postal Code:      |
| Home Telephone:       | E-mail: *(please print clearly)* |
| Host Mother | Host Father |
| Work Phone:      | Work Phone:      |
| Cell Phone:      | Cell Phone:      |
| Occupation:      | Occupation:      |

**Children:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Gender | Age as ofJuly 1st , 2024 | Living at home | If attending school, which school are they attending? |
|  | [ ]  F [ ]  M |       | [ ]  Yes[ ]  No |       |
|  | [ ]  F [ ]  M |       | [ ]  Yes[ ]  No |       |
|  | [ ]  F [ ]  M |       | [ ]  Yes[ ]  No |       |
|  | [ ]  F [ ]  M |       | [ ]  Yes[ ]  No |       |

Will anyone else be living in your home during the program? [ ]  Yes [ ]  No

(i.e. relatives, roommates, boarders or other students) If yes, please explain:

Are you within walking distance to **Pacific Christian School**? [ ]  Yes [ ]  No

Travel time to the school? by Car:       by Bus:       Route #:

 If not a direct bus route, indicate # of transfers needed.

Will you provide car transportation? [ ]  Most times [ ]  Sometimes

Will student(s) be taking the city bus? [ ]  Most times [ ]  Sometimes

Do you have any pets? [ ]  Yes [ ]  No

If yes, please indicate number of pets. [ ]  Dogs       [ ]  Cats       [ ] Others

Does anyone in your household smoke? [ ]  Yes [ ]  No

Is there access to? [ ]  TV [ ]  Computer [ ]  Internet/WIFI [ ]  Piano

[ ]  Others

Hosting Preference: [ ]  male only [ ]  female only [ ]  no preference

Will student(s) have a private room each? [ ]  Yes [ ]  No

If sharing a room, will there be separate beds? [ ]  Yes [ ]  No

Does the room have a closet? [ ]  Yes [ ]  No

Bathroom facilities: [ ]  Private [ ]  Share with family

Will you allow a student to smoke outside? [ ]  Yes [ ]  No

Is any member of your family a vegetarian? [ ]  Yes [ ]  No

If yes, please explain:

Are you willing to accept a student who is a vegetarian? [ ]  Yes [ ]  No

Are you willing to accept a student with dietary restrictions? [ ]  Yes [ ]  No

Any religious beliefs and practices you would like noted? [ ]  Yes [ ]  No

If yes, please explain:

What language is most frequently spoken in the home? [ ]  English [ ]  Other(s)

Other language(s) spoken?       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What activities or hobbies does your family enjoy doing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you willing to abide by the following expectations?**

You will provide a **clean, orderly, pleasant and safe** living environment. [ ]  Yes [ ]  No

**English** will be used at all times with guest student(s) [ ]  Yes [ ]  No

Guest student(s) will be **integrated** as much as possible into the family life [ ]  Yes [ ]  No

You will provide necessary household items such as **linens, towels, etc**. [ ]  Yes [ ]  No

There will be adequate and appropriate **supervision** for the guest student(s) [ ]  Yes [ ]  No

Guest student(s) will have **access** to all common areas of the house. [ ]  Yes [ ]  No

Guest student(s) may attend **church** service of their choices [ ]  Yes [ ]  No

You will provide three complete **meals** **and snacks** each day (bag lunch for school days) [ ]  Yes [ ]  No

Provide us with a **criminal record check** (all persons age 18 or over). [ ]  Yes [ ]  No

You will maintain adequate **home insurance** and will show us proof of such. [ ]  Yes [ ]  No

Is there anything you would like us to be aware of? [ ]  Yes [ ]  No

If yes, please explain below:

**References**: Please include the names and phone numbers of two people we can call for a reference. References from other home stay programs are preferred but not mandatory.

*Please advise the persons listed that we will be contacting them.*

|  |  |  |
| --- | --- | --- |
| Name:      | Phone #:      | Relationship to you:      |
| Name:      | Phone #:      | Relationship to you:      |

We will contact you to arrange a time when we can meet to discuss any additional questions either of us may have. During this visit we would also like to view the student’s accommodation.

**5 week program remuneration** to the host family is set at **$240 per week, per student**. This equals $1200 per student or $2400 for hosting two students for the five-week period. At the orientation meeting in **June** we will let you know the exact dates on which **e-transfers** will be sent.

Email address to use for e-transfers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand, that at no time can the placement of a student in my home be guaranteed. SELSA reserves the right to make all placement decisions based on suitability and demand for host families.**

**Have you or any member of the household ever been charged and/or convicted of a crime or sexual offense? [ ]  Yes [ ]  No**

Signed: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Date: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Please return the completed application form as soon as possible to the address below.

Jaime McFarland

Host Family Coordinator

628 Kestrel Ridge, Victoria, BC., V9B 6C3

Phone: 250-532-0372

E-mail: Jaime@selsa.ca