

Edmonds Sister City Commission Homestay Family Application

Date _____

Last Name _____ First Name _____

Spouse's Name _____

Address _____

City _____ WA Zip Code _____

Home Phone _____ Cell _____ Email _____

List one relative or friend to contact in case of emergency:

Name _____ Phone _____ Relationship _____

Children:

Name	Age	Sex	Birthdate M/D/Y	Living at Home?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List other people living with you (include name, sex, age and relationship):

Do all members of your household agree to host a student/guest? YES _____ NO _____

Why do you wish to host a student/guest? _____

Occupation _____ Spouse's Occupation _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Work Days/Hours _____ Work Days/Hours _____

Do you have evening commitments? Please describe _____

List two personal references (no relatives):

Name _____ Name _____

Address _____ Address _____

City/State _____ City/State _____

Phone _____ Work _____ Phone _____ Work _____

List language spoken at home _____ **2nd Language** _____

What countries have you lived in or visited? _____

Do you prefer: Male _____ Female _____ Either _____

NOTE: Each student/guest must have a separate room with window, door, bed, dresser, closet, desk and chair

Do you smoke? frequent_____ seldom_____ never_____ Not allowed in my home_____ allow smoking outside_____

Do you have pets? Cats_____ Dogs_____ Other_____ Inside_____ Outside_____

Transportation:

I understand that a certain amount of transportation will be necessary while hosting my guest. I am able to participate in the following:

- Drop-off and pick-up from excursions (*designated drop-off and pick-up locations will generally be Edmonds City Hall or the Edmonds Harbor Inn*)
- Take on group outings

Type of car_____ Number of passengers_____

I carry automobile liability and passenger medical coverage on all cars that will be driven: Yes No

(NOTE: This is MANDATORY to drive any homestay guests)

Hobbies and Activities:

Sport_____ Recreation_____ Misc._____

Family Activities_____

Please add anything else that you think would help us to select the right student/guest for you: _____

Who referred you to our program? _____

Do you know anyone who might be interested in hosting? _____

I confirm that the foregoing information is true

Signature

Spouse's Signature (if applicable)

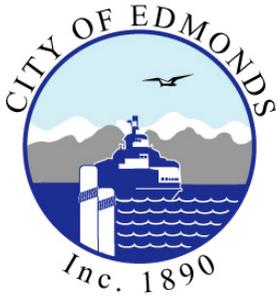
RETURN TO:

Edmonds Sister City Commission

Office of the Mayor

121 5th Avenue North

Edmonds, WA 98020



Edmonds Sister City Commission Homestay Family Agreement

In agreeing to be a homestay family for an Edmonds Sister City Commission guest, I agree to and understand the following:

1. I accept and welcome the student/guest into my home as a member of my family including them in family meals and activities. Students/guests may be asked to help with chores such as maintaining their own sleeping or bathing area and their own personal possessions. There will be no assignment of household chores to students that would not be deemed appropriate for a guest of our home.
2. I will have daily conversations and make listening time available with all or most family members to promote international goodwill and understanding.
3. Upon arrival to the home, I will show the student/guest his/her sleeping and bathing/toilet area. Make them familiar with that is available for him/her to snack on if hungry and make them feel welcome in our home.
4. I will allow for quiet time upon first arriving, as the traveler has come approximately fourteen hours by plane and crossed several time zones and will need rest.
5. I will provide all the food for three meals a day and make sure that at least one item is prepared at each meal that is of a familiar nature in case the guest is sensitive to the culture difference. Examples: fresh fruit, rice or cold cereal.
6. I will show the guest where the telephone is, explain the use and make available to the guest the list of other homestay families so he/she may call fellow travelers as needed. I will include the telephone number and name of the Edmonds Sister City Hospitality chairman. All long distance calls are the responsibility of the homestay guest and not the host.
7. I understand that the Edmonds Sister City Commission has the right to remove the student/guest from the host's residence at any time if it is deemed necessary.
8. I agree to notify the Edmonds Sister City Commission of any changes between the time this document is signed and the guest's arrival. Changes in the household that might impact the visit are such things as a death, divorce, marriage, birth, adoption, acquiring or losing a pet.
9. I (we) understand I waive my right to privacy under Washington State Privacy Law in so far as the Edmonds Sister City Commission needs to reveal the homestay family address and telephone number for business purposes needed for the student/guest only; i.e., hospitals, doctors, other homestay host families.
10. I agree not to use any illegal substances in my (our) home while students are living in my (our) home. We also agree to see that moderation is used in the consumption of alcohol around students in our home.
11. I (we) agree that it is understood that a criminal background check will be made by the Washington State Patrol. I specifically consent to a background check on behalf of myself and all adults and children over the age of twelve residing in my home. ***(complete and submit attached official form)***
12. I understand that references may be contacted to verify information provided on the application and that the Edmonds Sister City Commission will be discrete and sensitive in the pursuit of such information.

I (we) have read and understand the above agreement

Signature _____ Date _____

Spouse's Signature _____ Date _____

Adult in residence _____