



# ULETH HOMESTAY

## Host Family Application Form

OFFICE USE

**Application Procedure**

1. **If you need more information:** contact us at [homestays@uleth.ca](mailto:homestays@uleth.ca), 403-382-7190 or consult our webpage: <http://www.uleth.ca/international/content/uleth-homestay>.
2. **Submit** (online or on paper) **your Host Family Application Form** - one per family, and **Homestay Resident Suitability Declaration** - one for each adult in the family.
3. If your application fits our program's requirement, ULeth Homestay will contact you to arrange a suitable time to meet you at your home for a **Home Visit and House Inspection**.
4. **Submit** the following documents:
  - **Valid Criminal Record Check (CRC) with Vulnerable Sector Check** for each member of the household who is 18 years or older. It must be dated from within a year from submission, and is to be completed at your own expense. If you need to complete a new CRC, please use the form provided by ULeth Homestay.
  - **Proof of adequate home and car insurance coverage** such as: sufficient property insurance for all buildings and contents; a minimum \$1,000,000 third party automobile liability insurance in additional to collision coverage; and a minimum of \$2,000,000 liability home insurance.

*Thank you for your interest in becoming a host family for our International students. Please complete this application form as clearly and as detailed as possible. The information provided will help us to select an appropriate student for your home.*

**Family Contact Information**

Family's Street Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Home phone/Principal cellphone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Availabilities for House inspection (if selected): \_\_\_\_\_

**Applicant(s) Information**

<b>Adult 1</b> (Print Name): _____ Criminal Record Check attached: YES NO Relationship to Adult 2: _____ Current employment: _____ Cell Phone: _____ Work Phone: _____	<b>Adult 2</b> (Print Name): _____ Criminal Record Check provided: YES NO Relationship to Adult 1: _____ Current employment: _____ Cell Phone: _____ Work Phone: _____
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**Additional Residents**

(Include Children and renters/guests currently residing in the house)

Name (Last, First)	M/F	Birth Date (Age)	Relationship to Adult 1	Occupation

## Pets

Cats #: \_\_\_\_\_ Name(s), Breed(s), Size(s): \_\_\_\_\_

Dogs #: \_\_\_\_\_ Name(s), Breed(s), Size(s): \_\_\_\_\_

Other#: \_\_\_\_\_ Name(s), Breed(s), Size(s): \_\_\_\_\_

## Additional Family Information

Languages spoken at home: \_\_\_\_\_

Predominant Language: \_\_\_\_\_

Smoking    non-Smoking

### Health Issues:

Please list any family medical conditions that may require special considerations from your host student during her/his placement in your home (eg. allergies, chronic health conditions, etc.):

\_\_\_\_\_

\_\_\_\_\_

### Regular Family Commitments/Routine

*Part of the experience International Students who take part in the Homestay program are looking for includes spending time with their host family to gain familiarity with Canadian lifestyle, culture, and the Lethbridge area. Host families are therefore expected to allow time for that.*

Please provide a general routine/activities outline for your family

Week-days:

\_\_\_\_\_

\_\_\_\_\_

Weekend:

\_\_\_\_\_

\_\_\_\_\_

Hobbies, family activities:

\_\_\_\_\_

\_\_\_\_\_

### Diet Information/Food habits

How many meals do you cook?                      Per day: \_\_\_\_\_    Per week: \_\_\_\_\_

How many meals do you eat as a family?                      Per day: \_\_\_\_\_    Per week: \_\_\_\_\_

What kind of food do you usually eat? \_\_\_\_\_

Do you have any dietary practice or food restrictions? \_\_\_\_\_

### Why do you want to host an International Student?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student(s) Accommodation**

Please note that each student must have a private room with walls and a door, a wide window compliant with fire code regulations, a bed, a desk, a lamp and a place to store clothes.

Are you able to host more than one student at a time? .....YES NO

If Yes, please indicate how many students could be accommodated simultaneously in accordance with the requirements indicated above: \_\_\_\_\_

Please indicate if student room(s) has a **Private Bath** or **Shared Bath**

Are you able to host **Male student(s)** or **Female student(s)** ?

Would you be willing to host a student who smokes outside? .....YES NO

Would you be willing to host a student with dietary restrictions/food allergies ..... YES NO

**Additional Comments or Requests**

Please indicate if one or more of the preferences selected above is crucial. Also, indicate anything else that is important to you but is not included in this application form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Safety Information:**

Do you have working smoke alarms? .....YES NO

Do you have working Carbon monoxide alarms? .....YES NO

Is your property/home insurance in effect if you have paying boarders? .....YES NO

**Availability**

Do you have any family holidays planned in the coming year? .....YES NO

If Yes, please indicate the dates you will be away: \_\_\_\_\_

Do you have any business/work related trip planned in the coming year?.....YES NO

If Yes, please indicate the dates you will be away: \_\_\_\_\_

Are there times/months during which you would rather NOT be hosting a student? .....YES NO

If Yes, please indicate when: \_\_\_\_\_

Are you able to host student(s) during the summer months (July and August)? .....YES NO

Please note that this time period is critical, as the University hosts many custom groups simultaneously.

## Reference(s)

(Provide at least 1 reference for each adult member of the family)

**Name of reference (for Adult 1):** \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have they known you: \_\_\_\_\_

Email: \_\_\_\_\_

**Name of reference (for Adult 2):** \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have they known you: \_\_\_\_\_

Email: \_\_\_\_\_

**Name of reference:** \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have they known you: \_\_\_\_\_

Email: \_\_\_\_\_

## Agreement

I/We confirm the accuracy of all information enclosed in this Host Family Application form.

I/We have read and understand the information provided.

I/We agree to inform the ULeth Homestay coordinator of any changes in the information provided.

Signature of applicant (Adult 1): \_\_\_\_\_

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

Signature of co-applicant (Adult 2): \_\_\_\_\_

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

Witness (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_

### Please indicate how you heard about ULeth Homestay:

Word of mouth

Social Media (Facebook, Twitter, Pinterest)

Poster in the community

University of Lethbridge International Website

Other: \_\_\_\_\_

**Protection of Privacy** - The personal information requested on this form is collected under the authority of Section 33 (c) of the Alberta *Freedom of Information and Protection of Privacy Act* ("Act") and will be protected under Part 2 of the Act. It will be used for the purpose of evaluating this application for the homestay program, contacting accepted participants in the homestay program, and matching students participating in the homestay program with host families. If you have any inquiries in regards to the collection of your personal information, please direct those inquiries to: FOIP Coordinator, University of Lethbridge, 4401 University Dr. West, Lethbridge, Alberta T1K 3M4, telephone: 403-332-4620, email: foip@uleth.ca.