



Benson, Jim and Jane	IN	
Family Last Name, First Name	State	Participant Name (if known)

**Form A: Host Family Introduction**  
**To be completed by host family. Please type or print in black ink.**  
**This form will be shared with the participant and his/her natural family.**

One World Area Team/Chapter Benson	Lapel High School High School Name James	P.	Farmer	IN State Self
Host Parent #1 Last Name Benson	First Name Jane	Middle Initial L.	Occupation Farmer	Employer Self
Host Parent #2 Last Name R.R. 2 Box 258	First Name	Middle Initial Lapel	Occupation IN	Employer 46036
Home Address (mail address as require for home delivery 765-852-1456	City	State	Zip Code	
Home Phone BensonHedges@Yahoo.com	Fax	Host Parent #1 Work Phone	Host Parent #1 Mobile Phone	
Email		Host Parent #2 Work Phone	Host Parent #2 Mobile Phone	

**FAMILY MEMBERS/OTHERS RESIDING IN THE HOME**

List ALL household members, including host parents  
name and middle initial, beginning with parents

Relationship	Living at Home? (circle) **	Birthdate (require field)	Country of Birth
Dad	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Month 01 Day 01 Year 1965	U.S.A.
Mom	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Month 02 Day 02 Year 1966	U.S.A.
Son	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Month 05 Day 06 Year 1991	U.S.A.
Daughter	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Month 07 Day 04 Year 1992	U.S.A.
Son	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Month 09 Day 01 Year 1994	U.S.A.
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Month Day Year	

\*\* Children away at school or the majority of the year should be listed as "no"

**PLACEMENT INFORMATION:**

- Religious affiliation or preference: Baptist How often do you attend services?  weekly  monthly  occasionally  never  
Please comment about hosting a participant with a different or no religious affiliation: We would expect her to attend with us, but as a social occasion, not a religious occasion if she were not a Christian.
- Is your family willing to host a  male  female  no preference? Due to family structure and housing we cannot host a  female  male.
- Will the participant share a bedroom?  yes  no If yes, with whom? Sarah (Participant must have a bed of his/her own)
- Does anyone in the family smoke?  yes  no  
What are your feelings about a participant who smokes?  no problem  okay if outside home  prefer not  strongly object
- Do you have any pets?  yes  no If yes, what kind? Cats and dogs  indoor  outdoor
- What language is spoken in the home? English What other languages are known by family members? Bill is taking Japanese.
- Has your family ever hosted on the AFS program?  yes  no From which country(ies)? Year(s)?  
Has a family member ever been on an AFS program?  yes  no  
Name Program Year Country

**STATISTICAL DATA:**

This information will be used for monitoring and tracking purposes and will not be considered in our decision about you being a host family for an AFS Participant. You are not required to respond; however, it would be very helpful if you did. Please check the box or boxes that correspond to the background of your family:  African American or Black  American Indian  Alaskan Native  Asian  Caucasian  Hispanic or Latino  Pacific Islander  Native Hawaiian  Other (please specify)

**Please return this form to your local AFS volunteer.**  
Or, submit to the AFS Admissions Center by  
fax (503-961-8388), email ([hostfampapers@afs.org](mailto:hostfampapers@afs.org)), or mail to:  
AFS Admissions Center  
506 SW 6th Avenue, 2nd Fl

Portland, OR 97204  
Phone: 1-800-237-4636