



2 Placement Information

FOR OFFICE USE

AFS ID#

1 CANDIDATE NAME

Ms. Mr. Francesca Russo Italy
 First name Middle name Last name Home country

2 MEDICAL REQUIREMENTS AND HEALTH RESTRICTIONS

Do you have physical restrictions, impairments, or allergies that will limit placement options or participation in everyday family and/or school activities? Yes No If yes, please explain:

Can you live with: **Cats** Indoors Outdoors **Dogs** Indoors Outdoors **Other pets** Indoors Outdoors

3 DIETARY REQUIREMENTS

Do you have dietary restrictions, including for medical, religious, or self-imposed reasons? Yes No

If yes, please explain:

If you are a vegetarian, are you willing to eat: Fish Poultry Dairy products Other

4 RELIGION

What is your religious affiliation, if any? (Optional) Catholic

How often do you participate in structured religious services? Weekly Monthly Occasionally Never

Bearing in mind that it is likely your host family will have a different religious affiliation, how strongly do you feel about having access to structured religious services of your own faith? Required Desirable Not necessary

5 SMOKING

Do you smoke cigarettes? Yes No

In some cultures it is more difficult to find placements for cigarette smokers. Given this, smokers should please choose one of the following: I will not smoke during my AFS exchange program. I will smoke during my AFS exchange program.

6 INTERESTS AND ACTIVITIES

Identify your major interests and activities, and indicate how often you pursue them.

Football (soccer) 2X week, painting 2x week
Baby sitting on weekends

7 LANGUAGES

Native language: Italian

Language proficiency (for languages other than your native language):

Language English Years studied 5 Speaking ability: Poor Fair Good Excellent
 Language _____ Years studied _____ Speaking ability: Poor Fair Good Excellent
 Language _____ Years studied _____ Speaking ability: Poor Fair Good Excellent

8 COMPLETED EDUCATION

For High School Programs: Please list the month and year in which you will graduate from high school in your home country: Month June Year 2010

For Adult Programs: Please indicate the highest level of completed education: _____

DISCLAIMER

I understand that host countries may not be able to accommodate the restrictions or requirements indicated in the completed application and that acceptance on the AFS program is not a guarantee that these preferences can be honored.

Francesca 10/10/2008
 Candidate Signature Date (mm/dd/yyyy)

Ma and Pa Russo 10/10/2008
 Parent(s)/Legal Guardian(s) Signature(s) Date (mm/dd/yyyy)

(Parent/Legal Guardian signature is required for all secondary school programs and candidates not of legal age in country of residence.)