



Anderson, Chris and Carol	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	Anderson High School	IN
Area Team/Chapter	High School Name	State
Anderson	Christopher	B. Physician
Host Parent #1 Last Name	First Name	Middle Initial
Anderson	Carol	T.
Host Parent #2 Last Name	First Name	Middle Initial
1238 Home Avenue	Anderson	IN
Home Address (mail address as require for home delivery)	City	State
317-644-7310	317-555-1212	317-555-9000
Home Phone	Fax	Host Parent #1 Work Phone
Anderson_Family@sbcglobal.net		317-555-1212
Email	Host Parent #2 Work Phone	Host Parent #1 Mobile Phone
		317-555-8000
		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
Father	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Month 06 Day 29 Year 68	U.S.A.
Mother	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Month 09 Day 26 Year 69	U.S.A.
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Month Day Year	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Month Day Year	
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Month Day Year	
	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: Episcopal Church 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 invite, but not require a student to join us. We would make sure a student had access to services of his/her faith if desired and if feasible in our community.
- 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? (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? Cat indoor outdoor
- What language is spoken in the home? English What other languages are known by family members? None
- 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), or mail to:
AFS Admissions Center
506 SW 6th Avenue, 2nd Fl

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