



Western Training Group Inc.

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HOST FAMILY APPLICATION

Applicant Information

First Name _____ Family Name _____

Home Address _____ Post Code _____

Home Tel: _____ Home Fax: _____ E-Mail Address: _____

Work Tel: _____ Work Fax: _____ Cell Phone: _____

Family Members

Name	Relationship	Occupation	Date of Birth

Language

What is your first language? _____

What other languages are spoken in your home? _____

Interests & Hobbies

What are some of your family's hobbies, interests? _____

How does your family usually spend weekends? _____

Smoking

How many people in your family smoke? _____

Would you accept a smoker if he/she smoked outside? _____

Placement Information

Your Home

Please describe your home (include house type, no of bedrooms and no. of washrooms.)

Rooms for Homestay students

Please describe the room(s) you plan to offer a student (include approximate size, and furnishings).

Room 1: _____

Room 2: _____

Meals

Do you normally pack lunch for your Homestay students? _____

What do you usually make for dinner? _____

Bus Route

Please describe bus route from your home to downtown Vancouver (include bus #'s & approximate length of time).

Bus no. & Name: _____

Travel Time: _____

Bus no. & Name: _____

Travel Time: _____

Pets

Please describe any pets you have. Include number and type. _____

Preference for Homestay Students

Please state preference.

Male

Female

No preference

Age: 14-16

17-19

20-24

older

Other

Please provide any other information about your family that you feel is significant (i.e. special diet, religious practices, family members that require special care, etc.)

Background and References

All information provided below will remain strictly confidential.

Have you ever been a host family before? _____ If yes, how many students have you hosted in the past? _____

Please list any homestay programs that you have hosted for in the past or currently host for:

1. _____

2. _____

3. _____

Has anyone in your home ever been convicted of a criminal offense?

YES

NO

Does anyone in the home have a history of violent behavior?

YES

NO

Is anyone in the home abusing drugs or alcohol?

YES

NO

Would all those over the age of 16 living in the home be willing to undergo a criminal record check if required?

YES

NO

Please provide 2 references that would be willing to support your application. Your references may not be related to you or any other family member and must have known you or your spouse for at least 5 years.

Name: _____

Name: _____

Occupation: _____

Occupation: _____

Address: _____

Address: _____

Phone: () _____

Phone: () _____

Where did you hear about Western Training Group? _____

I state that all the information provided in this application is true and complete to the best of my knowledge.

DATE: _____

Signature: _____