

PORTLAND-SAPPORO SISTER CITY ASSOCIATION

HOST FAMILY QUESTIONNAIRE – FAX COMPLETED FORM TO 503-276-5623

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS: _____ CITY: _____

ZIP: _____ TELEPHONE: DAY: _____ EVENING: _____

E-MAIL: _____

| <u>FAMILY MEMBER</u> | <u>AGE</u> | <u>SEX</u> | <u>OCCUPATION/SCHOOL</u> | <u>JAPANESE LANGUAGE?</u> |
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NUMBER OF PETS: ___ NONE ___ DOGS ___ CATS ___ OTHER

WE ARE INTERESTED IN HOSTING (SELECT ALL APPLICABLE):

A. STUDENT: MALE ___ FEMALE ___ EITHER ___
ELEMENTARY ___ MIDDLE SCHOOL ___ HIGH SCHOOL ___ COLLEGE ___

B. ADULT: MALE ___ FEMALE ___ EITHER ___
CAREER/BUSINESS ___ PERFORMERS/ARTISTS ___ WOMEN'S DELEGATION ___

WE PREFER TO PARTICIPATE DURING THE: SCHOOL YEAR _____ SUMMER _____

WE CAN PROVIDE: PRIVATE BEDROOM _____ SHARED BEDROOM _____

WE CAN ___ CANNOT ___ PROVIDE TRANSPORTATION DURING THE DAY FOR OUR GUEST.

AS A FAMILY, WE ENJOY THE FOLLOWING INTERESTS AND HOBBIES: _____

OUR PREVIOUS HOME STAY EXPERIENCE INCLUDES: _____

HAS ANYONE IN YOUR FAMILY VISITED JAPAN? _____

AS HOST FAMILY, WE ARE WILLING TO ACCEPT PEOPLE OF OTHER NATIONALITIES, RACES AND RELIGIONS AND CUSTOMS. WE UNDERSTAND VISITORS MAY HAVE MINIMAL ENGLISH LANGUAGE SKILLS. WE UNDERSTAND ALSO THAT BEING A HOST FAMILY DOES NOT AUTOMATICALLY ENTITLE OUR CHILDREN TO BE EXCHANGE STUDENTS.

DATE: _____