

DETROIT-TOYOTA SISTER CITIES PROGRAM
2010 Host Family Application

The information requested is required of all applicant families and is used to assist in the selection of host families who are representative of the Detroit community. Only one application is needed per family. The completed application should be returned **NO LATER THAN FRIDAY, JUNE 4** to Rose M. Love, Communications & Creative Services Division, Coleman A. Young Municipal Center, 2 Woodward Avenue – Suite 526, Detroit, Michigan 48226 or by fax to (313) 224-2021.

APPLICANT'S NAME _____
(First) (Middle) (Last)

ADDRESS _____ **APT. NO** _____

CITY _____ **ZIP CODE** _____

DAY PHONE # _____ **EVENING PHONE #** _____

E-MAIL ADDRESS _____

FAMILY INFORMATION: List each member of your household. Please include name, age, sex, occupation or school, interests and languages spoken.

NAME	AGE	SEX	OCCUPATION/ SCHOOL	INTERESTS	LANGUAGES
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Number and kinds of pets in your home _____

Describe the sleeping accommodations you can provide for an exchange student. (Rooms/beds available, kind of bed etc.) _____

Describe a typical day in the life of your family: _____

Describe a typical weekend in the life of your family: _____

Would you accept an individual who is a smoker? Yes No

Would you accept more than one individual? Yes No **Limit is** _____

In the event we have more host families than we need for this exchange, would you be interested in being an alternate? Yes No

Would you like your application kept on file as a future host? Yes No

In addition to needing volunteer host families, the local sister cities program often is in need of volunteers for other services. Please check those you would be interested in providing.

_____ Baking _____ Serving Refreshments _____ Driving
_____ Translating _____
(Indicate Language)

PLEASE INCLUDE A PHOTOGRAPH OF YOUR ENTIRE FAMILY. Note: The photograph will not be returned.

REFERENCES: List the names of three references that are not members of your family.

NAME	ADDRESS	PHONE #	TYPE OF BUSINESS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If there is anything else that should be taken into consideration in reviewing your application, please use the space below or the back of this page.

As a host family, we are willing to accept people into our home who may be of another race or religious preference, who may have minimal abilities with the English language and who may have customs with which we are unfamiliar. We understand that being a host family does not automatically entitle our children to be exchange students in the Detroit Sister Cities Program. We also understand that we may be asked to assist with other aspects of the Sister Cities Program.

Signature of Head of Household _____

Date _____