



# Canada Homestay Network

## Adult Homestay Application

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🌐 Website: [www.canadahomestaynetwork.ca](http://www.canadahomestaynetwork.ca)

STUDENT PERSONAL INFORMATION				
SURNAME (FAMILY NAME)		GIVEN NAMES		ENGLISH NAME (if applicable)
<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH (Month Day Year)	NATIONALITY		LANGUAGE
ENGLISH SPEAKING ABILITY <input type="checkbox"/> beginner <input type="checkbox"/> low intermediate <input type="checkbox"/> intermediate <input type="checkbox"/> advanced <input type="checkbox"/> fluent				
PERMANENT MAILING ADDRESS				
STUDENT'S EMAIL			TELEPHONE	
PARENT'S EMAIL			TELEPHONE	
AGENT INFORMATION				
AGENCY NAME:		CONTACT:		
EMAIL:		TELEPHONE #:		
FAX:				
SCHOOL in CANADA	CITY	SCHOOL ID	PROGRAM DATES (START- FINISH)	
PERIOD OF HOMESTAY REQUIRED (INDICATE DAY/MONTH/YEAR)				
HOMESTAY TO BEGIN:				
HOMESTAY TO END:				
HOMESTAY PREFERENCES				
MEAL PLAN	<input type="checkbox"/> Full Board (3 meals)	<input type="checkbox"/> Half Board (Breakfast and Dinner)	<input type="checkbox"/> Bed and Breakfast (Breakfast only)	<input type="checkbox"/> Roomstay (no meals)
DO YOU LIKE PETS?	<input type="checkbox"/> No Preference <input type="checkbox"/> Cats OK <input type="checkbox"/> I don't like pets	<input type="checkbox"/> Cats AND Dogs OK <input type="checkbox"/> Dogs OK <input type="checkbox"/> I am allergic	If "no" or "allergic", please explain:	
DIETARY CONSIDERATIONS <input type="checkbox"/> Regular <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other (please explain):	PLEASE INDICATE PREFERENCES FOR YOUR HOMESTAY (choices are not guaranteed):			
		YES	OK	NO (If No, please tell us why)
	Young children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Teenagers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No young children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Another student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No strong preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PLEASE CHECK (✓) THE FOODS THAT YOU LIKE TO EAT:				
<input type="checkbox"/> Pork	<input type="checkbox"/> Salads	<input type="checkbox"/> Fish	<input type="checkbox"/> Noodles/Pasta	<input type="checkbox"/> Barbeque
<input type="checkbox"/> Chicken	<input type="checkbox"/> Fast Food	<input type="checkbox"/> Potatoes	<input type="checkbox"/> Beef	<input type="checkbox"/> Vegetables
<input type="checkbox"/> Rice	<input type="checkbox"/> No Pork	<input type="checkbox"/> Fruit		<input type="checkbox"/> Asian Food
				<input type="checkbox"/> Cereals
WHAT ARE THE FOODS THAT YOU CANNOT EAT, OR ARE ALLERGIC TO?				



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<b>EXTRA SERVICES (Charges will apply)</b>			
<input type="checkbox"/> Private Bathroom		<input type="checkbox"/> Airport Pickup Service (on arrival)	
<input type="checkbox"/> Cable TV in bedroom		<input type="checkbox"/> Airport Return Service (on departure)	
<input type="checkbox"/> Zone I (Closer to the school) (less than 45 minutes travel time by public transport)?			
<b>STUDENT PROFILE</b>			
PLEASE CHECK (✓) THE WORDS THAT BEST DESCRIBE YOUR NATURE			
<input type="checkbox"/> outgoing	<input type="checkbox"/> cheerful	<input type="checkbox"/> hardworking	<input type="checkbox"/> optimistic
<input type="checkbox"/> shy	<input type="checkbox"/> quiet	<input type="checkbox"/> neat	<input type="checkbox"/> independent
		<input type="checkbox"/> studious	<input type="checkbox"/> Other:
		<input type="checkbox"/> serious	
DO YOU REGULARLY PLAY A SPORT? IF YES, PLEASE SELECT ALL THE SPORTS YOU <b>PLAY</b> :			
<input type="checkbox"/> Baseball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Fishing	<input type="checkbox"/> Hockey
<input type="checkbox"/> Badminton	<input type="checkbox"/> Biking	<input type="checkbox"/> Fitness	<input type="checkbox"/> Skating
<input type="checkbox"/> Ballet	<input type="checkbox"/> Dance	<input type="checkbox"/> Golf	<input type="checkbox"/> Horseback Riding
		<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Soccer
		<input type="checkbox"/> Skiing	<input type="checkbox"/> Swimming
		<input type="checkbox"/> Snowboarding	<input type="checkbox"/> Tennis
DO YOU REGULARLY PLAY A MUSICAL INSTRUMENT? IF YES, PLEASE SELECT ALL THE INSTRUMENTS THAT YOU <b>PLAY</b> :			
<input type="checkbox"/> Piano	<input type="checkbox"/> Flute	<input type="checkbox"/> Trumpet	<input type="checkbox"/> Violin
<input type="checkbox"/> Cello	<input type="checkbox"/> Guitar	<input type="checkbox"/> Drums	<input type="checkbox"/> Saxophone
		<input type="checkbox"/> Singing	<input type="checkbox"/> Other:
PLEASE CHECK (✓) THE ACTIVITIES WHICH INTEREST YOU			
<input type="checkbox"/> Baseball	<input type="checkbox"/> Camping	<input type="checkbox"/> Fishing	<input type="checkbox"/> Hockey/Skating
<input type="checkbox"/> Basketball	<input type="checkbox"/> Computers	<input type="checkbox"/> Fitness	<input type="checkbox"/> Horse Riding
<input type="checkbox"/> Biking	<input type="checkbox"/> Concerts	<input type="checkbox"/> Gardening	<input type="checkbox"/> Martial Arts
<input type="checkbox"/> Board Games	<input type="checkbox"/> Cooking	<input type="checkbox"/> Golf	<input type="checkbox"/> Movies
<input type="checkbox"/> Boating	<input type="checkbox"/> Dance	<input type="checkbox"/> Hiking/walking	<input type="checkbox"/> Music
		<input type="checkbox"/> Paint/Draw	<input type="checkbox"/> Soccer
		<input type="checkbox"/> Photography	<input type="checkbox"/> Swimming
		<input type="checkbox"/> Reading	<input type="checkbox"/> Tennis
		<input type="checkbox"/> Shopping	<input type="checkbox"/> Theatre
		<input type="checkbox"/> Skiing/ Snowboarding	<input type="checkbox"/> Video Games/ Computer Games
HOW MUCH TIME DO YOU SPEND ONLINE EACH DAY? <input type="checkbox"/> 1 Hour or Less <input type="checkbox"/> 1-2 Hours <input type="checkbox"/> 2-4 Hours <input type="checkbox"/> More Than 4 Hours			
WHAT IS YOUR OCCUPATION?			
PLEASE DESCRIBE YOURSELF AND THE THINGS YOU WOULD LIKE TO DO WITH YOUR HOST FAMILY.			
<b>MEDICAL INFORMATION</b>			
Have you ever received a medical diagnosis of a physical or mental condition, and been prescribed medication for it? If yes, please provide information on the condition, the trade name of the medication and the dosage. Do you have a perceived or documented learning disability, physical handicap, social integration difficulty, behavioural concern, or history of criminal behaviour or sexual impropriety? If yes, please describe.			
If you are taking any medications, you must notify us in advance.			
Are you taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please list trade names and dosages. _____			
Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please explain. _____			
If you regularly experience sleep disorders such as insomnia, sleepwalking, nightmares or bedwetting, please specify.			
Are you taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please list trade names and dosages. _____			
Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, you must agree not to smoke inside your school and your Homestay Host's home (you may be allowed to smoke outside).			
Do you agree not to smoke inside (including your bedroom)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you accept Placement in a home where there are smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>YOUR FAMILY MEMBERS</b>			
<b>NAME</b>	<b>RELATIONSHIP</b>	<b>AGE</b>	<b>OCCUPATION</b>



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### OTHER CONTACT (ENGLISH SPEAKING) IF DIFFERENT FROM AGENT

NAME: RELATIONSHIP TO STUDENT:  
EMAIL: TELEPHONE #:  
FAX:

### STUDENT PARTICIPATION AGREEMENT (PA), including DECLARATION and DISCLAIMER

Whereas the Participant has completed the CHN International Participant Homestay Application ("HA") in accordance with the CHN Homestay Program Payment Policy and Procedures which the Participant hereby acknowledges that he/she has read, understands and is in agreement with, and in consideration of the provision of Homestay services by CHN, the Participant hereby:

- A. Understands and agrees that this PA forms part of his/her HA and their Declaration therein.
- B. Declares that the information given in his/her HA is complete and correct to the best of the Participant's knowledge; incorrect or incomplete information represents a breach of this PA and is subject to the terms of paragraph F herein.
- C. Confirms that he/she has read and agrees to comply with the CHN Homestay Guide for International Students.
- D. Confirms, acknowledges and agrees that he/she has read and fully accepts all CHN Invoice Terms and Conditions, including cancellation and refund policies.
- E. Agrees:
  1. to obey the laws of Canada;
  2. not to use drugs or medication unless prescribed by a registered physician and labeled in English;
  3. to behave as a considerate and respectful member of the Homestay Host family by:
    - a. accepting any Homestay Host, regardless of their race; national or ethnic origin; colour; religion; gender; age; mental disability; physical disability; and/or sexual orientation, all in accordance with the Canadian Charter of Rights and Freedoms;
    - b. making an effort to talk with and be part of the Homestay Host household ("Homestay Household") and participate in their activities;
    - c. helping in and around the Homestay Household, accepting responsibility for reasonable jobs, including keeping his/her room clean, helping with the dishes and doing his/her own laundry;
    - d. observing the Homestay Household rules, especially concerning the operation of any household appliances, fixtures, bathroom, laundry and other facilities (to limit the risk of injury or damage) and curfews;
    - e. practicing regular and proper personal hygiene;
  4. when enrolled in an academic program of study, to remain in good academic standing, as defined by the school or school board/district;
  5. to pay for any and all expenses incurred by him/her or on his/her behalf (including but not limited to any losses or damages caused by the Participant, the Participant's long distance telephone, cell phone, internet usage expenses and/or medical expenses); and
  6. to obtain and maintain in force adequate and valid medical, travel and liability insurance (including for sickness, personal injury, personal liability and personal property).
- F. Acknowledges and agrees:
  1. that in the event of a breach of this PA by him/her, CHN reserves the right, in its sole and absolute discretion, to:
    - a. notify the Participant of the breach (by fax or email or telephone) and provide the Participant with a specified time frame to remedy the breach to the satisfaction of CHN; and/or
    - b. relocate the Participant to another and final Homestay Household, at the expense of the Participant and without refund of the unused and prepaid Homestay Host fees paid to the first Homestay Host(s), or
    - c. expel the Participant from and terminate his/her participation in the CHN International Participant Homestay Program and the Participant's Homestay Household, on one (1) hour written notice.



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2. that the consequences of a breach of this PA by the Participant (including but not limited to the consequences described in paragraph F. herein) are without recourse to CHN and its officers, directors, employees, representatives, agents and independent service providers (including but not limited to any Homestay Host(s) and transportation service provider(s)).
- G. Agrees to reimburse CHN on demand, its fees and expenses related to any breach of this PA by him/her, including without limitation, its legal fees and related costs.
- H. Waives, releases and absolves and agrees to indemnify and save harmless CHN and its officers, directors, employees, representatives, agents and independent service providers (including but not limited to the Homestay Host(s) and transportation service provider(s) selected for the Participant) from any and all liability for all the Participant's losses and damages (including, but not limited to the loss or theft of the Participant's money and the damage, loss or theft of the Participant's personal property), personal injuries, or death, however caused.

*I fully understand this PA and agree to all of its terms and conditions.*

Full Name			
Signature		Date	