



Universidad de Vina del Mar Homestay Form

PERSONAL INFORMATION

Name: _____ Address: _____

City: _____ State: _____ ZIP: _____ Country: _____

Home Tel: _____ Work or Cell Tel: _____ Fax: _____

E-mail Address: _____

Birth date (mm/dd/yy): ____/____/____ Age: _____ Sex: Male/Female

Emergency contact name: _____ Tel: _____

Father's name: _____ Father's occupation: _____ Tel: _____

Mother's name: _____ Mother's occupation: _____ Tel: _____

HOMESTAY QUESTIONNAIRE

Do you have any allergies, medical conditions, or dietary needs? Please explain.

Do you smoke? Yes/No Would you live with people who smoke? Yes/No

Regarding pets; what do you prefer? _____ In-door _____ Out-door _____ No pets at all

What sort of family would you like to live with? (check one)

- | | |
|---|-------------------------------|
| _____ Family with children | _____ Single woman |
| _____ Family with university-age children | _____ Family with no children |
| _____ Young couple with any children | _____ Single man |

You'd like your host family to: _____ Speak English _____ Speak a little English _____ Speak no English

What role would you like to play within your family?

- _____ Very independent: *you don't mind if your family is out most of the day. Only a few familiar activities. A lot of time and room for yourself.*
- _____ A bit interactive: *you'd like to participate as a part of the family but, at the same time, to keep your independence. You want the family to invite you to partake in activities but not feel forced to participate all the time.*
- _____ Very interactive: *you'd like to become a part of your host family: having dinner together every night and participating in all the family's activities.*

What characteristics do you consider most important in a family?

