



FAMILY HOMESTAY APPLICATION

1251 - 1st Avenue SW | Medicine Hat, Alberta | T1A - 8B4 | Toll Free: 1-866-864-0013 | Email: international@mhcbe.ab.ca
Web: www.mhcbe.ab.ca

Last Name:	First Name:	Spouse:
Address:		
Town/City:	Province:	Postal Code:
Phone Number(s):	Email:	
Occupation:	Spouse's Occupation:	
Employer:	Employer:	
Address:	Address:	
Phone:	Phone:	
Family Members:		
Name	Relationship	Age

1. Have you every hosted an international student before? YES NO

2. Please give specifics of hours of work:

3. Will there be parental supervision in the evenings? YES NO

4. Activities you and your family enjoy doing?

5. Any smokers in the home? YES NO

6. Do you have any pets? YES NO

7. Some students are vegetarian or have dietary restrictions. Can you respect and meet necessary requirements?

8. International Students need to be treated as members of your family with love, nurturing, guidance, and respect. Can you meet this very important challenge?

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9. How do you feel an International Student can benefit from being placed with you?

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<i>Please provide two (2) character references:</i>	
<u>Name:</u>	<u>Phone:</u>
<u>Name:</u>	<u>Phone:</u>

I/We _____ of _____, have read the rules and responsibilities of the **Medicine Hat Catholic Board of Education Homestay Family Program** contained herein and I/we agree to fulfill the necessary requirements. I/We understand and agree that should I/we not fulfill my/our commitment herein, my/our services will be terminated.

I agree to indemnify and hold harmless the **Medicine Hat Catholic Board of Education**, its elected officials and officers, employees, agents, volunteers and representatives, or any of them, from any claims, demands, expenses, costs (including legal costs), suits, debts, liabilities and cause of action for which they may be liable as a result of personal injury or property damage that I or the student cause or contribute, or are held responsible for, jointly or severally, in connection with the student's participation in study in Canada and from any financial obligations student may incur.

<u>Signature of Homestay Parent:</u>	<u>Witness Signature:</u>
<u>Signature of Homestay Parent:</u>	<u>Print Name:</u>
<u>Date:</u>	<u>Phone:</u>