

Host Family Application 2019-2020

Texas Academy of Mathematics and Science ♦ University of North Texas

To be completed by the Host Family. This information will be released to the students in need & their families.

Host Family: Mr. _____ Mrs. _____
 Address/City/State/Zip: _____
 Hm Phone: _____ His Wk Phone: _____ Her Wk Phone: _____
 We would like a: ___ Male Student ___ Female Student ___ No Preference # of Students to host _____

Answers to the following questions will be shared with students in need of a Host Family and their families so they may select a host family. Your answers will in no way be used by TAMS to discriminate on the basis of sex, religious preference, and/or national origin.

Answer only those questions you feel comfortable answering.

1. RELIGIOUS AFFILIATION

My religious affiliation is _____
 I attend church ___ regularly ___ sometimes I do not attend ____ .
 It is important that the student attend a similar church as mine. ___yes ___not necessarily ___no

2. FAMILY BACKGROUND

Check appropriately: ___White ___Hispanic ___Black ___Asian _____Other
 How many children do you have? _____ Please list their names and ages:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

3. INTERESTS & ACTIVITIES

___ Art ___ Biking ___ Bowling ___ Camping ___ Computers ___ Dance ___ Games
 ___ Hiking ___ Movies ___ Science ___ Shopping ___ Sports ___ Tennis ___ Theater
 ___ Music What kind? _____
 Other: Please specify _____

4. OVERNIGHT STAY: In the event of an overnight stay by the student, I/we have:

___ A guest bedroom ___ A private bathroom
 ___ A shared bedroom ___ A family bathroom
 ___ A sofa/sleeper

5. ADDITIONAL INFORMATION: Please provide additional information about your family: college/degrees, occupation, clubs/hobbies, describe home (city, country, acreage), children's activities/interest, etc.

EMPLOYMENT EXPERIENCE

- ◆ Applicant's Employer _____ From _____ to _____
Address _____ Job title _____
Supervisor's Name _____ Phone _____

- ◆ Co-Applicant's Employer _____ From _____ to _____
Address _____ Job title _____
Supervisor's Name _____ Phone _____

REFERENCES

Please list two persons not related to you who can comment on your character. If you have previous experience as a youth volunteer, one reference should be from an organization.

Name	Address	Telephone	Relationship
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I/we certify that all information provided on this application is true and complete. I/we give TAMS permission to contact the above references and to obtain a criminal record report. I/we understand that falsification or significant omissions of any information may be considered justification for disqualification.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

For office use:
