



VANCOUVER CENTRAL
HOMESTAY Ltd.

Information for Custodian Student





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EDUCATION STUDENT HOMESTAY QUESTIONNAIRE

Please answer the following questions accurately and thoroughly.

1. Name: _____
(Family Name) (First Name)

2. Date of Birth: _____ Age: _____ Gender: Male Female Non-Binary Trans
(Day) (Month) (Year)

3. Nationality: _____ Place of Birth: _____

4. What languages do you speak? _____

5. Address: _____

Telephone: (Area Code and number) _____

Your e-mail (please print clearly): _____

6. Please briefly describe your family (occupation, ages):

7. Can you live with someone who smokes? Yes No

8. Can you stay with a host family who has: Cats: Yes No Dogs: Yes No Birds: Yes No Other pets: Yes No

Comments: _____

9. Do you have allergies to animals? Yes No

If yes, please clarify: _____

10. Please tell us if you have allergies, are taking medication, or require a special diet:

11. Please describe your personality characteristics:



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12. Please describe your hobbies and interests:

13. What household chores do you do at home (ex. setting the table, cleaning your room, doing your own laundry)?

14. What do you usually do on the weekend?

15. Please describe the type of family that you feel would best suit you:

16. Additional Comments/Information:

17. Are you applying through an agent? Yes No Contact person: _____

Agency name and address: _____

Phone: _____ Fax: _____ Email: _____