



**Longmont
Sister Cities
Association**
Affiliated with Sister Cities International

Host Family Application Longmont Sister Cities Association

Members residing in the household:

Name	Relationship	Age	M/F	Occupation	Hobbies

Home address:

Phone _____
E-mail _____

Name, date of birth, number, expiration date of driver licenses for all drivers age 21 and older:

As some people are sensitive to pets and smoke, and others prefer to smoke, please answer the following so we can place people accordingly.

Pets: _____
Smokers Yes/No _____

Although speaking Japanese or Spanish is not a requirement for hosting, do you speak these languages? _____ How well? _____

Have any family members participated in the Sister Cities exchange program? Yes/No _____
Who? _____ When? _____

Have you hosted for Sister Cities before? Yes/No

Who? _____ When? _____
(If you have hosted previously, you are eligible to host again this year.)

Directions to your home from the Longmont Library:

Comments:

I hereby apply for the Student Ambassador/Adult Chaperone Hosting Program for the Summer 2009 and submit the information listed above. I understand that a background check will be conducted before the final assignment.

Signature of Head of Household

Date