

Friendship Family Information Questionnaire

Family Information

Name(s): _____

Physical address of residence: _____

City: _____ State: _____ ZIP/Postal Code: _____

Home Phone: _____ Cell phone: _____

Email address: _____

What are your hobbies?

Do you have any pets?

No Yes, I have: _____

Do you prefer a: male student(s) female student(s) no preference

Do you have any preference of where students are from? (check all that apply)

- Africa Asia Central America Eastern Europe
 Middle East North America Oceania South America
 Western Europe No Preference

Have you visited any foreign countries?

- No, I have not.
 Yes, I have been to: _____

Would you prefer a short-term (1-2 semester) or long-term (1-4 year) student?

- Short-term Long-term No preference

How often would you be available to spend time with your student?

- Once a week A couple times a month Once a month
 Other: _____

What is the maximum number of students you would be willing to receive?

- Only 1 1-2 students 2-3 students

If you would like to become involved with the Friendship Family Program, please complete this questionnaire and return to jenna.palmer@uafs.edu.