

Host Family Application

Return this application to:
Sarah Stephens
3225 NE 59th Ave.
Portland, OR 97213

(503) 788-3980
csstephens@gmail.com

Last Name: _____ Home phone: _____

Address: _____ email: _____

Children's names:

_____ M / F Age: _____ Grade: _____

_____ M / F Age: _____ Grade: _____

_____ M / F Age: _____ Grade: _____

_____ M / F Age: _____ Grade: _____

_____ M / F Age: _____ Grade: _____

Host father's first name: _____ Occupation: _____

Work phone: _____ Other phone: _____

Host mother's first name: _____ Occupation: _____

Work phone: _____ Other phone: _____

Please list any other people that live with you: _____

We are asking for 6 month commitments from host families with a check-in at 3 months.

When can you host an intern? **April – October** or **October - April**

Other dates that you'd be able to host an intern: _____

Do you have any smokers in your family? **Yes / No**

Please list the types of pets you have and how many: _____

Other than English, does your family speak any other languages? _____

If so, which ones? _____

Do you have any experience of hosting JMP intern or foreign students? **Yes / No**

Does you family have a special diet? (Vegetarian / Vegan / Other) _____

Any other special circumstances that might affect hosting an intern?

Signature: _____

Date: _____

Host Father or Mother