



2019 Host Family Application

Host family selections and student assignments will be made by a committee of the St. Petersburg-Takamatsu Exchange Program

(Residency in St. Petersburg is required for host families for the Student Exchange Program)

Family Information

First name: (Mrs./Miss/Ms.) _____ First name: (Mr.) _____

Last name: _____

Street address: _____

City: _____ Zip: _____

How long have you lived in the St. Petersburg? _____

(Mrs./Miss/Ms.) Occupation: _____ (Mr.) Occupation: _____

Email: _____ Email: _____

Cell phone #: _____ Cell phone #: _____

Work phone #: _____ Work phone #: _____

Home phone #: _____

** Please indicate the best family email address and telephone number*

Children: (living in your home):

Last name	First name	Gender	Age/Grade	School attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other people living in your home:

Last name	First name	Gender	Age	Occupation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Host family's guest preference:

Male Female Could you accommodate two students? Yes No

Transportation:

Upon arrival, you will be required to meet and transport your student from Tampa International Airport. Upon departure, you will be required to transport your student to Tampa International Airport.

Are you willing to transport your student to activities within the city? Yes No

General Information:

Is your home in an evacuation zone? Yes No If yes, what classification? _____

Does anyone in your family smoke? Yes No

Do you permit smoking in your home? Yes No Outside? Yes No

Does your family have pets? Yes No

Cats: how many: _____ breed: _____

Dogs: how many: _____ breed: _____

Other types of pets: _____

Where will your guest sleep? (A separate bed is required)

Will your student be able to use a computer to check and send email? Yes No

Have you hosted an international student or guest before? Yes No

Does anyone in your home speak Japanese? Yes No

Have you or a family member visited Japan? Yes No

Have you or a family member stayed in a Japanese home? Yes No

What does your family do with your leisure time? (hobbies and interests): _____

Family Personal References:

Name: _____ Relationship: _____ Phone number: _____

1) _____

2) _____

* All city volunteers are required to complete an affidavit of good moral character and submit to a background law enforcement check. Would you be willing for these to be completed on all persons age 18 or over who are living in your home? Yes No

If yes, please sign here: _____ Date: _____

Thank you for your interest!

Return this application by mail to:

Lotta Baumann, Executive Director
SPIFFS
330 Fifth Street North
St. Petersburg, FL 33701
727-552-1896

Or drop off this application to:

Lotta Baumann, Executive Director
SPIFFS
559 Mirror Lake Drive North
St. Petersburg, FL 33701
727-552-1896