



International Programs STUDENT HOMESTAY APPLICATION

To apply, complete this form and return it with the **nonrefundable placement** fee to:

Spokane Falls Community College
International Programs MS 3011
3410 W Fort George Wright Dr
Spokane WA 99224-5288 USA

Spokane Community College
International Programs MS 2151
1810 N Greene St
Spokane WA 99217-5399 USA

The \$200 placement fee must be received before we can process your request, 1 month before arrival preferred.

Placement is not guaranteed and fee is nonrefundable, unless a homestay is not available.

Make payment by credit card, check or money order.

Checks and money orders: Make payable to COMMUNITY COLLEGES OF SPOKANE.

Credit cards: Type: Visa MasterCard Credit Card Number: _____

Expiration date: _____ 3 digit PIN number on back of card: _____

Student Last name: _____ First name: _____

Gender: Female Male Date of birth: _____ Country: _____

Choose a Homestay plan:

Full Homestay (\$650 a month – includes meals) **OR** Shared Homestay (\$400 a month – does not include meals)

Student/Agent E-mail: _____ Estimated date of arrival: _____

PARTICIPANT AGREES TO THE FOLLOWING TERMS AND CONDITIONS

- Participant and his or her heirs, assigns, or other successors in interest agree to release Community Colleges of Spokane (CCS) representatives, agents and homestay families from any responsibility and liability for: changing who the homestay family will be prior to or after arrival in the United States, placement in more than one family through the stay or declining placement if an appropriate homestay family is not available.
- To purchase and maintain adequate medical insurance and personal liability insurance on his/her personal belongings while attending CCS. The college assumes no responsibility for verifying the medical insurance standards of coverage if purchased outside the college's plan or the adequacy of the personal liability insurance.
- To authorize CCS and the homestay family full authority and permission to take whatever action they feel is reasonably warranted under the circumstances, and to act as agent to the student and parent/guardian regarding the named student's health and safety while the student lives with the family. This authority and permission includes, but is not limited to, the following: Authorizing, rendering or ordering medical treatment; the giving of medication; and any examinations, x-rays, anesthetic, medical or surgical diagnosis or treatment or hospital care, if and as deemed necessary.
- Permission also is granted to release information regarding his/her health to outside physicians and facilities. In all cases participant agrees that CCS and the homestay family will not be liable or responsible for any aspect of medical treatment and Participant agrees to be financially responsible for all medical care and treatment obtained or provided during his or her attendance at CCS.
- Participant will reimburse the homestay family for the repair or other costs incurred by the Participant in the event of damage to the homestay family home or property. CCS will not be responsible for negligence on the part of the homestay family or the Participant to home or person, for any loss, damage, injury or death which may result from the Participant's.

Student's signature: _____

Date: _____

Parent's signature: _____

Date: _____

(If student is under 18 years old)

STUDENT HOMESTAY STUDENT PROFILE

While all student preferences will be considered, CCS cannot guarantee they will all be satisfied.

Father's and/or Mother's name and occupation _____

Brothers and sisters (please include age and gender) _____

Have you traveled outside your country before? Yes No Explain: _____

Do you enjoy animals as family pets? Yes No Explain: _____

Do you smoke? Yes No Explain: _____

Is it okay if there are smokers in your homestay family? Yes No

What hobbies, sports or other activities do you enjoy? _____

Are you planning to drive a car as soon as you arrive? Yes No

How much interaction and conversation with your homestay family do you prefer?

Every day Several times a week and on weekends I'm independent and would like to interact only when necessary

I would like to live in a home that is: Quiet or Busy-active Explain: _____

Are you a vegetarian, someone who eats no meat? Yes No Explain: _____

Do you have any allergies to food, drugs, animals or anything else? Yes No Explain: _____

Do you have any health conditions that would prevent you from participation in normal and regular physical activities?

Explain: _____

Do you require any specific accommodations in order to be able to participate fully in the homestay program?

Explain: _____

How would you describe your present condition of health? Poor Average Excellent

*Please write a letter about yourself for your homestay family, and include a photo.

You are responsible for following all Homestay & CCS policies and contractual agreements, including:

1. **Respect & follow the guidelines of your homestay family**
2. **Pay for any damage you or your guests cause**
3. **Pay all personal bills and obligations**
4. **Use prepaid phone card or personal cell phone; do not charge calls on homestay phone.**
5. **Abstain from illegal activities at all times during your stay**
6. **Try to resolve conflict with your homestay family by talking to with International Homestay Coordinators, Teresa Gay or Linda Szymanowski if needed**
7. **Notify family & international Office 30 days prior to moving out**
8. **Communicate to your homestay family if you'll not be home for dinner or arriving late**
9. **Pay homestay fee on the 1st of each month – NO refunds if you leave without 30 days' notice**
10. **Attend school classes regularly**