



Spokane Falls Community College
3410 West Fort George Wright Drive MS 3011
Spokane, WA 99224-5288

Spokane Community College
1810 N Green St MS 2151
Spokane, WA 99224-5399

Contact Information:
Ashley Ding
Manager of Immigration and Student Success
SFCC 509-533-3242
SCC 509-533-8885
Cell phone 208-821-7626
Ashley.Ding@ccs.spokane.edu

Please provide the information below for yourself and anyone 18 years or older who resides in your home.

Include a copy of all drivers' licenses. If you prefer not to mail copies of driver licenses, you may present them at the home visit for visual verification. This information is needed for conducting WSP Criminal History Requests for each homestay applicant and anyone 18 years of age or older who resides with the homestay family.

Full legal name _____

Date of birth _____ Driver's license number _____

Occupation _____ Cell phone _____ Work phone _____

Email _____

Hobbies _____

Full legal name _____

Date of birth _____ Driver's license number _____

Occupation _____ Cell phone _____ Work phone _____

Email _____

Hobbies _____

Full legal name _____

Date of birth _____ Driver's license number _____

Occupation _____ Cell phone _____ Work phone _____

Email _____

Hobbies _____

Address _____

City _____ State _____ ZIP _____

Home phone _____

HOMEOWNER'S INSURANCE POLICY INFORMATION (For verification of liability insurance on your home.)

Company name _____ Policy number _____

Agent name _____ Agent's phone number _____

If you have any children, even if no longer living at home, please provide name, gender, and birthdate of all children:

What interests you in being a homestay family?

Please describe any prior experience as a homestay family or with International students.

Primary language spoken in the home

Other languages spoken _____

OPTIONAL: Describe your expectations regarding your international student's participation in your religious activities? (Occasionally a student will request placement or avoiding placement with a family of a specific faith. Most students are comfortable in any home regardless of the family's faith if they are treated with respect.)

What are your guidelines regarding student use of alcohol or cigarettes while living with you?

Does your family follow any specific dietary practices/restrictions? If yes, please explain.

Do you have pets? What type and what areas of your home are they free to occupy?

Please describe your family's general lifestyle, schedule, hobbies, sports, or other interests of family members. In what family activities do you hope your student(s) will participate?

How much time and conversation do you hope to have each day/week with your student?

Do you host students for any other school? If so, describe:

How many bedrooms do you have for students? Upstairs, downstairs, or basement?

Additional information about your expectations or your family situation.

WAIVER AND RELEASE OF LIABILITY: In consideration of being permitted to participate in the Homestay Program, we hereby release the State of Washington, the Board of Trustees of the Community Colleges of Spokane, the Community Colleges of Spokane, and any other subdivision or unit of the Community Colleges of Spokane, its officers, employees, representatives and agents (“Releasees”), from any and all liability, claims costs expenses, injuries, and/or losses I may sustain, including any actions or causes of action wither at law or in equity, including without limitation liability for property damage or loss, and liability for debts, conduct or actions of the student(s) assigned to our home. We understand that the student will assume responsibility for their own debts, conduct, and actions while in the Homestay Program.

EMPLOYEES OF THE COMMUNITY COLLEGES OF SPOKANE: As an employee of the Community Colleges of Spokane, I acknowledges that I participate in this program as a volunteer in my personal capacity, and not in the course and scope of my employment with the Community Colleges of Spokane. As such, I agree to the general Waiver and Release of Liability as outlined above.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE BOTH READ AND UNDERSTOOD THE ABOVE STATED WAIVER AND RELEASE OF LIABILITY AND GUIDELINES FOR EMPLOYEES OF THE COMMUNITY COLLEGES OF SPOKANE AND AGREE TO ACCEPT THEM AS A CONDITION OF OUR PARTICIPATION IN THE PROGRAM.

Signature: _____

Legal name (print): _____

Date: _____

Thank you for your interest in our Homestay Program. When the review of your application is complete, you will be contacted for a home visit to view the rooms available, and to answer any questions regarding our program.