

Homestay Host Profile & Application

Information you provide will be used to assist SCNN in arranging accommodations for international delegates. Please complete and **return** to <u>info@sistercities-nn.com</u> / P.O. Box 120504, NN, VA 23612-0504. Any questions may be addressed to SCNN Executive Director Kate Helwig at: 757.697.3129 / c: 757.508-7163. **Thank you for considering this opportunity!**

Name:				
Cell Phone: ()	Email Address:			
Home Address:				
City/State/Zip:				
Name of exchange we are volur	nteering to host for:			
Degree of certainty that you can	n host?	S □ 80% □ 70 %	□ 60% □ 50% □ 40%	
\square We are not able to host of	currently but ask that you retain	our information	for future host opportunities.	
Our family prefers to host a \Box I	Male Female delegate, or has	☐ No preferenc	e	
We have hosted before: \square NO	\square YES / We are willing to house	e <u>2 delegates</u> ? □] NO □ YES	
Name(s) of all other Individual(s	s) living in the home, relationship	p, age and schoo	l attending as appropriate:	
	Relationship:	Age:	School:	
	Relationship:	Age:	School:	
	Relationship:	Age:	School:	
Please list pets in the home	Pet Name/Type			
	Pet Name/Type			
Our family interests are:				
Our family would like to host be	ecause			
Other Information:				
required to undergo a basic backg am participating in a not-for-profit our name/image to be used to pr	hat for my family to host, I must b round check as required by SCNN's cultural exchange program and wi comote SCNN's exchange programs ram, Twitter and Facebook sites <u>u</u>	insurance. I furthe ill receive no comp s in printed and vi	er understand that as a host I ensation. I/We agree to allow isual media including but not	
Signature	natureDate			