Host Family Application 2016-2017
Texas Academy of Mathematics and Science  ♦  University of North Texas

To be completed by the Host Family. This information will be released to the students in need & their families.

Host Family:  Mr._________________________________  Mrs._____________________________________
Address/City/State/Zip: _____________________________________________________________________
Hm Phone: __________________His Wk Phone: ___________________Her Wk Phone: ________________
We would like a:  ___ Male Student   ___ Female Student   ___ No Preference     # of Students to host____

Answers to the following questions will be shared with students in need of a Host Family and their families so they may select a host family. Your answers will in no way be used by TAMS to discriminate on the basis of sex, religious preference, and/or national origin. Answer only those questions you feel comfortable answering.

1. RELIGIOUS AFFILIATION
My religious affiliation is ______________________________________________________________.
I attend church      ___ regularly      ___ sometimes               I do not attend ____ .
It is important that the student attend a similar church as mine. ____yes  ____not necessarily  ____no

2. FAMILY BACKGROUND
Check appropriately:  ___White  ___Hispanic  ___Black  ___Asian ________________________Other
How many children do you have? ______     Please list their names and ages:
Name       Age
_____________________________________ _____
_____________________________________ _____
_____________________________________ _____
_____________________________________ _____

3. INTERESTS & ACTIVITIES
___Art  ___Biking ___Bowling ___Camping ___Computers  ___Dance  ___Games ___Hiking ___Movies ___Science ___Shopping ___Sports ___Tennis ___Theater ___Music What kind? ________________________________________________________________
Other:  Please specify ________________________________________________________________

4. OVERNIGHT STAY:  In the event of an overnight stay by the student, I/we have:
___A guest bedroom   ___A private bathroom
___A shared bedroom   ___A family bathroom
___A sofa/sleeper

5. ADDITIONAL INFORMATION:  Please provide additional information about your family:
college/degrees, occupation, clubs/hobbies, describe home (city, country, acreage), children’s activities/interest, etc.

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

OVER
EMployment Experience

♦ Applicant’s Employer ________________________________________________ From______ to ______
Address ___________________________________________________ Job title ______________________
Supervisor’s Name_________________________________________ Phone ______________________

♦ Co-Applicant’s Employer______________________________________________ From______ to ______
Address ___________________________________________________ Job title ______________________
Supervisor’s Name_________________________________________ Phone ______________________

References

Please list two persons not related to you who can comment on your character. If you have previous experience as a youth volunteer, one reference should be from an organization.

Name    Address   Telephone    Relationship
________________________________________________________________________________________
________________________________________________________________________________________

I/we certify that all information provided on this application is true and complete. I/we give TAMS permission to contact the above references and to obtain a criminal record report. I/we understand that falsification or significant omissions of any information may be considered justification for disqualification.

Applicant’s Signature______________________________________________________ Date_____________

Co-Applicant’s Signature___________________________________________________ Date_____________

For office use:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________