Host Family Application 2022-2023

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:

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
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