Host Family Application 2024-2025

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.

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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:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________