



Global Village English Centres Inc. – Homestay Application

Suite 200, 1290 Broad Street, Victoria, BC, V8W 4A5 - Phone: (250) 384-2199 - Fax: (250) 384-2123 - vichomestay@gvenglish.com

HOMESTAY FAMILY APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____
 (Street and Number) (Postal Code)

TELEPHONE NUMBER: (HOME) _____ (WORK) _____

Can we call you at work regarding non-emergency situations? YES _____ NO _____

CELL NUMBER: _____ EMAIL ADDRESS: _____

List the people who live in your home (including applicant):

NAME	Date of Birth (dd/mm/yyyy)	Relationship (mother, father, son, daughter...)	Occupation (eg: teacher, student)	Languages spoken at home
Applicant's name:				

In reference to the final column above, please note that GV requires all members of the family to speak only English in the presence of the students.

List your house pets, if any: _____

How did you hear about this program or the name of the referral? _____

Have you ever had an international student in your home? Yes _____ No _____

Nationality _____ Length of Stay _____

Which other Homestay Programs/schools or agencies are you currently registered with? Please list:

Do you give us permission to contact these programs/schools or agencies as references to the Homestay that you provide? Yes _____ No _____

If no please explain why. _____

Why are you interested in hosting an international student?

Why are you interest in hosting a student with Global Village specifically?

HOME INFORMATION

How many bedrooms are in your home? _____ How many bedrooms are available for students? _____

How many bathrooms are in your home? _____ How many bathrooms are available for students? _____

Who will the student be sharing the bathroom with? _____

Do you have any time restrictions regarding the use of the bathroom? _____

Do you have the following items in your home?

Family Computer: Yes _____ No _____

Internet Wireless Access: Yes _____ No _____

Will the student be able to use your computer for internet access at least one hour per day:

Yes _____ No _____

If the student brings their own lap top will they have wireless access in your home? Yes _____ No _____

Musical Instruments (eg. piano, guitar, ect.): Yes _____ No _____

If yes, please list instruments that you would allow the student access to: _____

Sporting Equipment (eg. bicycle, skis, snowboard): Yes _____ No _____

If yes, please list equipment that you would allow the student access to: _____

Wheel chair access: Yes _____ No _____

Other special items the student may use _____

Do any family members smoke? Yes _____ No _____

Do you allow smoking in your home? Yes _____ No _____ Outside Only _____

Please indicate your family's guidelines regarding the following:

Use of the telephone: _____

Use of Laundry facilities: _____

Use of the television (*please indicate if you have cable*): _____

Use of Kitchen: _____

Will the student be required to make their own lunch? Yes _____ No _____ Sometimes _____

Please indicate what you would expect the students to take for their lunch. _____

Drinking of alcohol (legal age students only):

Meal times: _____

STUDENT'S ROOM INFORMATION

	Room #1		Room #2	
Bed size (eg. Twin)				
Television in room	Yes _____	No _____	Yes _____	No _____
Telephone in room	Yes _____	No _____	Yes _____	No _____
Desk & Chair in room	Yes _____	No _____	Yes _____	No _____
Private Bathroom	Yes _____	No _____	Yes _____	No _____
Bathroom shared by students only	Yes _____	No _____	Yes _____	No _____
Location of room (eg. Basement)				

TRAVELLING TO SCHOOL

What area do you live in (eg. Farifield) _____

Home to nearest bus stop (walking distance in minutes) _____

	Bus number/name	Time Intervals (eg. Every 15 minutes)	Alternate Route	
			Bus Number/name	Time Intervals
Bus				
Transfer				
Transfer				

Approximate total time needed to travel to school _____ minutes

Name the shopping mall nearest to your home: _____

Is it walking distance? If yes, how long? _____

Are there any other recreational facilities near the home? (eg. parks, swimming pools, gyms, etc.)

Are you or any family members a vegetarian? Yes _____ No _____ If Yes, please describe the diet.

If No, would you be willing to host a student with diet restrictions? Yes _____ No _____

What are your family's hobbies and interests? _____

What kind of activities would you include the student in? _____

Realistically, how much time would you be willing and able to spend with your student during the day? (eg. 45 minutes during and after dinner) _____

Do you attend a church, if yes, what denomination? _____
(Only because some students wish to attend a specific church with their homestay family)

PLEASE MAIL or EMAIL COMPLETED APPLICATION, PHOTOGRAPHS OF THE HOME AND FAMILY, AND A COPY OF THE SIGNED AGREEMENT, TO:

Homestay Coordinator
Global Village Victoria
Suite 200 – 1290 Broad Street
Victoria, BC
V8W 2A5

AN UP TO DATE POLICE CRIMINAL RECORD REPORT will be required of all adults residing in your home if you are accepted in the Global Village Homestay Program.