

Which were your predominant impressions? What did you learn from these trips?

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Have you ever been a guest in a foreign family? When and for how long?

5. STAYING IN YOUR HOST FAMILY

Would you mind sharing a room with your host brother or sister? D yes D no.

Would you rather prefer to be hosted by a D *large* or a D *small*//family?

Write down, what you expect from participating in this program and wh at you hope to achieve by staying in your host family and in the country you visit.

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6. THE VISIT OF YOUR EXCHANGE PARTNER

What do you expect from your partner when he comes to visit you? (What should he be interested in? What will he" have to be prepared to?)

Will your partner have a room to himself or will you use yours together?

7. INFORMATION CONCERNING HEALTH

Which health restrictions have to be paid attention for?

Do you have to take a certain medication regularly? D yes D no

If so, which?

Why?

Do you have suffer from an allergy? D yes D no

Against what?

What has to be done, if the allergy arises?

Do you have to follow a special diet? If so, please, describe.

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8. FURTHER INFORMATIONEN

Further information which you consider to be important:

*****11|*****11****", *****

Place, date

Signature of applicant

....

Confirmation of parent(s) or guardian:

Place, date

Signature of parent(s) or guardian.

1. PERSONAL DATA

First and family name: Sex: Grade:

Adress: E-Mail:

Date and place of birth: Religion:

Parents' name and occupations:

Brothers (number! ages): Sisters (number! ages):

Telephone (to make sure, that in case of an emergency somebody is available at any time of the day we ask for precise information:

Phone-nr .	<i>from</i> to ... hours	Answering will be (name):	This is:
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This information form serves to select a host family which matches with your personal way of life. Please, answer the questions so that the reader can picture your personality. However, take care: only honest answers will really enable to help with the selection.

Information regarding the condition of health are absolutely necessary to enable prompt action in a state of emergency. All information will be treated confidentially .

2. PERSONAL HABITS AND PREFERENCES

Religion*:

Do you attend service regularly? 0 no

Is religion an important par of your life?

Alcoholic beverages*: Oyes

Are you. used to drinking alcoholic beverages (beer, wine)?

0'0 you feel able to do without any alcoholic beverages?

Smoking*:

Do you smoke? 0 no 0 occasionally 0 little 0 a lot

If your host family wished you to do so, would you be willing to reduce this amount? O yes Ono

Do you object to others smoking around you? ☐ yes ☐ no

Household chores:

Do you have to do specific chores at home? ☐ yes ☐ no

If so, what are they?

"Job"*.

Do you have a part-time job?	Oyes	O no
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If so, what do you do?

Animals:

Oo you like animals? D yes D no. To which animals do you object?

Do you have pets at home? D yes D no. If so, which one(s)?

3. YOUR SPARE TIME

Describe your spare time activities (incl. clubs, organizations, associations):

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4. TRAVEL EXPERIENCE

Which trips to foreign countries have you taken, how long and for what purpose?

- You can choose if you want to answer the questions with *, but keep in mind that this information will help to make a perfect match (see front page for further information).