



International House of Rhode Island
8 Stimson Ave.
Providence, RI 02906
(401) 421-7181
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International Friendship Program Host Family Application

Date: _____

Name: _____
First Name Last Name

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

About Yourself:

Single: Married: Do you have pets: Yes / No Type: _____

Do you have Children: Yes / No Age of Children in the house: _____

Occupation: _____

Languages Spoken: _____

Special Interests or hobbies: _____

Previous international experience (travel, work, etc.): _____

Do you prefer to be matched with:

One: Two: A Family: Male: Female:

Are you interested in:

A) Students from a particular part of the world? _____

B) Students in a particular field of study? _____

C) Are you willing to host a student from other than A or B? _____

D) Would you prefer being called before a match is made? Yes: No:

E) Is there anything else we should know? _____

