



# Host Family Application

*This document is a pdf form and can be completed electronically and saved, or printed and filled out by hand.*



## Family

family last name

street address

city

state

zip code

home phone

### Status of parent(s) at this address:

- ☐ Married ☐ Separated ☐ Remarried  
☐ Divorced ☐ Single ☐ Widowed  
☐ Shared household

### Parent(s)/stepparent(s)/guardian(s) living at above address:

1.

name

employer

occupation

work phone

cell phone

email

relationship to host child(ren)

### Names of children (please "\*" hosting child(ren))

name

sex

age

birthday (m/d/y)

name of school or occupation

living at home

Is there a parent/relative at another address where the student may spend time during the stay? ☐ Yes ☐ No

Should this person receive arrival departure information, too?

☐ Yes ☐ No

name

street address

city

state

zip code

phone

cell phone

2.

name

employer

occupation

work phone

cell phone

email

relationship to host child(ren)

## References

### Family Friend, Neighbor, Teacher, Clergy, etc. (no relation please)

name

phone

relationship

Office use only

Placer

Date

☐ Home visit (date)

☐ Reference 1 ☐ Reference 2

Student

Group

## Hosting Information

The three pillars of our "América en Directo" program are: English language immersion, American cultural immersion, and the opportunity to develop international friendships.

How did you hear about this opportunity?

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Are there any other languages besides English spoken at home? ☐ Yes ☐ No  
If so, which?

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Will there be an adult home during the day?  
☐ Yes ☐ No

Will the hosting child(ren) be working?  
☐ Yes ☐ No

Hours per week: \_\_\_\_\_ Time of day: \_\_\_\_\_

If yes, will the student have something to do during this time?

*(Spend time with other siblings, parents, neighbors, participate with working child, community program, etc)*

Will there be others (not listed on previous page) staying in your home during the student's stay? ☐ Yes ☐ No

*(Another foreign visitor, family member, roommate, etc.)*

It is not necessary to have a separate room, but a separate bed in a non-common area (ex: living room) is required. what type of arrangement is available in your home?

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## Family information

Please mark activities according to the example below. If only one member of the family participates in an activity, please note the name after the activity. This helps us in our efforts to make appropriate matches between family and student interests.

☐ ☐ ☒ Participate Occasionally ☐ ☒ ☒ Participate Regularly ☒ ☒ Favorite Activity

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Swimming	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bicycling	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Collecting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reading
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Boating/Sailing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hiking	Type: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Painting
Water Sports: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Jogging	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Video Games	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drawing
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fishing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gymnastics	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Computers	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Musical Instrument
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tennis	Other Sport: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Movies	Type: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Golf	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Camping	Type: _____	Club/Team/Organization
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hockey	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Horse-riding	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Music	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Baseball/Softball	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cooking	Type: _____	Other Activities: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> American Football	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shopping	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Dance	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Basketball	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Photography	Type: _____	_____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Volleyball	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chess	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Concerts	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Soccer	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> History	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Museums	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Theater	

How would you describe your family

☐ Quiet ☐ Active ☐ Outgoing ☐ Independent ☐ Close-Knit  
Other: \_\_\_\_\_

What adjectives would you use to describe the host child(ren)

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Do you live in a: *check all that apply*

☐ Small town ☐ City ☐ Suburb ☐ Rural Area  
☐ Single Family Home ☐ Town Home ☐ Apartment  
☐ Mobile Home ☐ Duplex/Fourplex

Do you have any pets/animals? What kinds?

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Do you have any specific ideas of what you would like to do with your guest?

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The most successful stays are with families in which all members look forward to and participate in this experience. In signing below, we indicate that our entire family is in agreement to have a brother/sister, son/daughter from overseas this summer.

**\* Please include a picture of your family with the application so our program leader can recognize you upon arrival.**

Parent signature

date

According to Ley Orgánica 15/1999, on the Protection of Personal Data, we inform you that your personal data will be used in order to maintain the contractual relationship between the organization and the host family and the agreements derived from the contract. By signing this form, you grant your express consent to the processing of your family's health and religious information with the purpose of valuing your request to host and student assignment. For exercising your rights to access, correct, or cancel your data, please contact MK Educational Services at Mary Kay Maas, Santa Isabel 16-7B, Lugones, Asturias, Spain 33420

### Parental Consent Form for Use of Images of Host Family Members

I/We \_\_\_\_\_ the parent(s)/guardian(s) of:

child's full name

child's full name

child's full name

child's full name

hereby give MK Educational Services permission to use any still and/or moving image being video footage, photographs and/or frames and/or audio footage depicting my/our children named above, on behalf of the MK Educational Services, for any of the following uses:

- Advertisements, marketing, or any other use such as training, educational or publicity purposes.
- The above consents will apply only for the named organization and be for an indefinite period.

Signature

Date

Signature

Date

### Criminal Background Check

MK Educational Services provides a safe and healthy environment for each of our participants and may conduct background checks on all prospective host families.

All immediate family members age 18+ who will be spending time with the guest student must have a background check. This includes parents, a single parent's significant other, adult children, etc. as well as any other adult living or spending significant time in the home.

All information obtained from the background check is confidential, will be kept in our office and later destroyed after the minimum Federal Requirement for retention of records. All information is strictly confidential and will never be shared.

#### Adult #1 Criminal Background Check Information

name

aliases: maiden name, other married name

street address

city

state

zip code

primary phone

birth date

social security number

#### Adult #2 Criminal Background Check Information

name

aliases: maiden name, other married name

street address

city

state

zip code

primary phone

birth date

social security number

#### Adult #3 Criminal Background Check Information

name

aliases: maiden name, other married name

street address

city

state

zip code

primary phone

birth date

social security number



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