



Host Family Information Sheet

3010 77th Ave SE
 Suite 102
 Mercer Island, WA 98040
 (206)374-0180
 grassrootssummit2018@jassw.org

Local Session: (_____)	Participant Name:
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Host Name	Last Name:	First Name:	
Date of Birth	_____ Day	_____ Month	_____ Year
	_____ Years old		SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
Address			
Phone	Home Phone:	FAX:	
	Cell Phone:	Other:	
Email	_____ @ _____		
Occupation			
Hobbies/Interests			
Pets			

Do you and / or any of your family members smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Defined smoking area <input type="checkbox"/> No defined smoking area <input type="checkbox"/> Other
Do you accommodate smokers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you and / or any of your family members speak Japanese?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please List Your Family Members			
Name	Relationship	Age	Occupation

Please note anything you would especially want participants to note about you and /or your family (Notes / Special Needs):

<p>Number of people acceptable to host *The main expectation is one person per household, but some may come with a spouse or family, so there may be groups of two or more people.</p>	<input type="checkbox"/> 1 person <input type="checkbox"/> 2 people <input type="checkbox"/> 3 people <input type="checkbox"/> 4 or more
<p>Preferred gender of guest *Please understand that we may not be able to meet your preference. *In the case of accepting multiple guests, both genders may be present.</p>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either
<p>On September 23rd, the Summit's closing ceremony, the Farewell Party is scheduled to be held. Although there is only an invitation available for one individual from each host family, from two people and up it becomes pay-your-way, so other family members may participate. For the sake of convenience, please indicate whether you intend to come and how many people will be coming all together. Also, if you will be coming to the event in your own vehicle, please mark the box indicating that as well.</p> <p>*We will contact you at a later date with the details regarding confirmation of numbers attending and payment details.</p>	<input type="checkbox"/> Plan to attend 9/23 Farewell party (people) <input type="checkbox"/> Driving to venue

Emergency Contact

Name _____ Relation _____

Address _____

Day Phone _____ Evening Phone _____

Personal References

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Background Check Consent Form

I understand the importance of placing students in safe environments. I give ICC and its staff permission to conduct a criminal background check on me.

Name _____ Date _____
First Last

Birth Date _____ Social Security # _____

Signature _____

Spouse (Partner)

Name _____ Date _____
First Last

Birth Date _____ Social Security Number # _____

Signature _____