

INTERNATIONAL HOSPITALITY PROGRAM
Host Application Form

Name: _____

Email: _____ Phone number: _____

Local address: _____

Circle preferred contact method: Email Phone Gender: _____

Languages spoken: _____

Religion: _____ Do you actively practice your religion? Y N

Marital Status: Single _____ Married _____

Do you have children living with you? Y N

If yes, are they interested in participating? List name, age, and relationship for each.

Relationship to Kent State University: _____

Level of Education Completed: _____ Major: _____

Have you ever studied/worked/lived abroad? If yes, where and when? Describe your experience.

Briefly describe your interests and goals from the International Hospitality Program.

Which activities seem most interesting to you? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Sharing meals | <input type="checkbox"/> Movies/ Local Entertainment |
| <input type="checkbox"/> Sharing American Holidays with students | <input type="checkbox"/> Exercising / Physical Activities |
| <input type="checkbox"/> Attending worship services | <input type="checkbox"/> Conversations about American culture |
| <input type="checkbox"/> Transportation to/from airport | <input type="checkbox"/> Conversations about student's home culture |
| <input type="checkbox"/> Temporary Housing | <input type="checkbox"/> Traveling |
| <input type="checkbox"/> Transportation to/from local shopping areas | <input type="checkbox"/> Community Service |

Do you (or if married, your spouse and family) have any food restrictions? If so, please list.

Do you have concerns or feel uncomfortable about any aspect of the Hospitality Program? If yes, what are they?

Is there a specific type of student you are interested in meeting? E.g. traditional aged, non-traditional aged, married, single, from a specific region of the world, etc.

I hereby grant my permission for the staff of the Office of International Affairs to release my name and personal information to campus/community members in an effort to foster a relationship between myself and a campus/community member. I understand that take full responsibility for and I may not hold Kent State University, the Office of International Affairs, or the individual employee responsible for the outcome of sharing this information. I also realize that I accept any and all responsibility for responding to and upholding the relationship established by signing this form.

Signature

Print Name

Date

Please return to International Student and Scholar Services, Bowman Hall Room 128
mhughes5@kent.edu