FORM B 3/24/2016

Michigan-Shiga Sister State Programs

2016 Goodwill Mission – August 25-29, 2016

Host Family Application Form

Name _____Email _____

Occupation _____

Spouse/Partner Name _____Email _____

Occupation _____

Street Address _____ City _____ Zip _____

Phone (Cell) _____ (Home) _____

Driver's License _____

Other people living in the home: Provide additional information below or on reverse side.

Name _____Relationship _____ Age _____ Cell_____

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1. Do you or someone in your home smoke? (Circle) Yes No

2. Do you have pets in your home? (Circle) Yes No How many? What kind?

3. Your Japanese Language Skills: (Circle) None Limited Conversational

4. Your responses will help us "match" guests and host families. Please describe your hobbies, interests, special diet, family customs, religion, travel, etc. that you feel are important to mention. Would you prefer to host a couple? A female? Male? Retiree? University student? Person who wants to shop? Golf? Vegetarian?

5. Have you hosted Shiga or other international guests in the past? Date(s)

6. How did you learn about the *Goodwill Mission?*

Please return this form to: Michigan-Shiga Sister State Program, PO Box 4715, East Lansing, MI 48826

Or return to your sister city coordinator Pat Baker; pbaker@adrianmi.gov.