



# 1 Basic Personal Information

FOR OFFICE USE

AFS ID#

## 1 CANDIDATES LEGAL NAME

(Ms.)(Mr.) First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_ Preferred name/nickname \_\_\_\_\_

## 2 ADDRESS FOR MAILING PURPOSES

Street/P.O. Box \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

City & State/Province \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Email address \_\_\_\_\_

Fax \_\_\_\_\_ Birthdate: day \_\_\_\_ month (spell word) \_\_\_\_\_ year \_\_\_\_\_

## 3 FOR VISA PURPOSES

City of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Country of Legal Residence \_\_\_\_\_

Passport Number (if known) \_\_\_\_\_ Passport Issue Date \_\_\_\_\_

Place/Office of Passport Issue \_\_\_\_\_ Passport Expiration Date \_\_\_\_\_

Have you ever traveled to the United States on a F-1 or J-1 Visa?  Yes  No (If yes, please indicate which type of visa and name of the sponsoring institution. \_\_\_\_\_)

## 4 INFORMATION ABOUT THE PEOPLE WITH WHOM I LIVE

I live with:  Father  Mother  Stepfather  Stepmother  Guardian Other than Parent

Who is your custodial parent? Please circle. (If more than one, circle both).

For Adult Programs - Additional options:  Spouse  Independent  Other \_\_\_\_\_

## 5 INFORMATION ABOUT PARENT (S)/GUARDIAN(S) WITH WHOM I LIVE

Parent/Guardian  Male  Female

Legal name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Business and/or Mobile Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian  Male  Female

Legal name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Business and/or Mobile Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Email \_\_\_\_\_

## 6 CONTACT DETAILS OF ANY NATURAL PARENT WITH WHOM I DO NOT LIVE

Legal name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Business and/or Mobile Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

## 7 EMERGENCY CONTACT

If your Parent/Guardian cannot be reached, please indicate someone else in your community whom we can contact:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone Numbers (home, work, mobile) \_\_\_\_\_

## 8 NAMES AND BIRTHDATES OF BROTHERS AND SISTERS

## 9 AFS CONNECTIONS

Has your family: (If yes, please describe who, the relationship, where and when.)

Hosted on AFS?  Yes  No

Participated on an AFS program?  Yes  No \_\_\_\_\_

**Any** close friends or relatives living abroad?  Yes  No \_\_\_\_\_

**Have** you participated in any other exchange program, traveled abroad or lived in another country? Please provide details. \_\_\_\_\_



**1 CANDIDATE NAME**

\_\_\_\_\_  
(Ms.) (Mr.) First name Middle name Last name Home country

**2 MEDICAL REQUIREMENTS AND HEALTH RESTRICTIONS**

Do you have physical restrictions, impairments or allergies that will limit placement options or participation in everyday family and/or school activities?  Yes  No If yes, please explain:

\_\_\_\_\_

Please check the appropriate boxes if you CANNOT live with: **Cats**  Indoors?  Outdoors? **Dogs**  Indoors?  Outdoors? **Other pets**  Indoors?  Outdoors? If you checked boxes for other pets, please explain: \_\_\_\_\_

If you have checked that you CANNOT live with a pet, please indicate why:  Allergy  Fear  Religion  Other(explain) \_\_\_\_\_

**3 DIETARY REQUIREMENTS**

Do you have dietary restrictions, including for medical, religious or self-imposed reasons?  Yes  No

If yes, please explain: \_\_\_\_\_

If you are a vegetarian, are you willing to eat:  Fish  Poultry  Dairy products

**4 RELIGION**

What is your religious affiliation, if any? (Optional) \_\_\_\_\_

How often do you participate in structured religious services?  Weekly  Monthly  Occasionally  Never

Bearing in mind that it is likely your host family will have different religious affiliation, how strongly do you feel about having access to structured religious services of your own faith?  Required  Not necessary

**5 SMOKING**

Do you smoke cigarettes?  Yes  No In some cultures it is more difficult to find placements for cigarette smokers.

Given this, smokers should please choose one of the following:  I will /  I will not smoke during my AFS exchange program

**6 LANGUAGES**

Native language \_\_\_\_\_

Language proficiency (for languages other than your native language):

Language \_\_\_\_\_ Years studied \_\_\_\_\_ Speaking ability:  Poor  Fair  Good  Excellent

Language \_\_\_\_\_ Years studied \_\_\_\_\_ Speaking ability:  Poor  Fair  Good  Excellent

Language \_\_\_\_\_ Years studied \_\_\_\_\_ Speaking ability:  Poor  Fair  Good  Excellent

\_\_\_\_\_

\_\_\_\_\_



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Candidate Name (First/Middle/Last)	Home City	Home State/Province	Home Country
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Just as you are curious about your host family, they will be curious about you. Here is a chance to provide them with a feeling for who you are.

**LETTER TO HOST FAMILY**

This is your chance to tell your prospective host family about yourself in a letter. Incorporate your answers to the questions below in order to communicate who you are and your motivation for going abroad with AFS. Please do not use the name of country in which you may be interested. Please write your letter in English.

Your letter should be approximately two pages long. Keep in mind that this will be the first impression your host family has of you. Therefore, type or print legibly in black ink. Please include your letter with this form. Please answer the following questions in the body of your letter.

- 1 How would your family and friends describe your personality?
- 2 How would you describe your relationship with your family and friends? For example, how are you different from your brother/sisters and/or friends? What is your role in the family? In what types of situations do you seek advice from your parents?
- 3 What are your different roles in your community (For example: school, sports, community activities)? What is important to you?
- 4 What was your motivation to apply for the AFS program? What are your personal goals for the program?
- 5 What are your future education or career plans?
- 6 Please identify for your host family your major interests and activities and how often you pursue them. You should include various types of interests and activities such as: Intellectual (reading, museums, etc.), Athletic (name your sports), Cultural (concerts, theater, etc.), Creative (singing, painting, sewing, playing an instrument etc.) or Clubs (community, religious youth groups, etc.).



Candidate Name (First/Middle/Last)

Home Country

Please provide a brief statement about your son/daughter covering his/her:

- 1 Relationship with you and your family.
- 2 Relationship with others.
- 3 Reactions to disagreement and discipline.
- 4 What is the amount of independence given to your child?
- 5 How does your child handle challenging or difficult situations?
- 6 Reactions to being away from home in the past. Please also discuss any factors (e.g., dietary, physical, or health limitations) which you believe should be considered in placing your child in a new environment.

Please use a computer (and paper clip your print-out to this form), type or print legibly in black ink.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date