



# Lakes International

LANGUAGE ACADEMY

## LANGUAGE AMBASSADOR PROGRAM HOST FAMILY APPLICATION

**TERM APPLYING FOR:** FIRST (Sept-Jan)  SECOND (Jan-Jun)  BOTH

\*NOTE: If you choose to host a full school year, it is probable that you will host one language ambassador for the first half and a second language ambassador for the second half.

### Head of Household #1

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail address \_\_\_\_\_

### Head of Household #2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Please list others living in the home, their genders and ages:

Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_

Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_

Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_

Name \_\_\_\_\_  Male  Female Age \_\_\_\_\_

What do you hope to gain from the experience of hosting a language ambassador?

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What do you hope the language ambassador gains from living with your family?

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Do you allow smoking in your home?  Yes  No

If you do not allow smoking in your home, would you be willing to accept a language ambassador who smokes, provided he/she agrees not to smoke indoors?  Yes  No

Does your family adhere to any dietary restrictions (kosher, vegan, etc.) that would affect the language ambassador?  Yes  No

If yes, please elaborate: \_\_\_\_\_

Does your family participate in any religious activities that would affect the language ambassador?  Yes  No

If yes, please elaborate: \_\_\_\_\_

Does your family have any pets?  Yes  No

If yes, please list type and number: \_\_\_\_\_

Does anyone living in the house have a medical condition of which the Intern should be aware?  Yes  No

If yes, please elaborate: \_\_\_\_\_

Is there anything else you would like prospective Interns to know about your family?

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I/we agree to the following as conditions of our being considered as a host family in the Language Ambassador Program (please initial boxes):

- I/we understand that I am/we are responsible for providing the language ambassador with transportation to and from school each day.
- I/we agree to provide the language ambassador with his/her own bedroom, including a door that closes. The Intern may share a bathroom.
- I/we agree to provide the language ambassador breakfast and dinner on school days, as well as all meals on a non-school day.
- I understand that the Language Ambassador Coordinator and/or Liaison are available to help resolve any disputes that may arise with a language ambassador placed with me/us.
- I/we authorize Lakes International Language Academy to do background checks on me/us as necessary for the purpose of establishing my/our suitability as a Language Ambassador Program host family.

\_\_\_\_\_  
Head of Household #1

\_\_\_\_\_  
Head of Household #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date