



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:

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 smoke in my host family's house. I will not smoke in my host family's house.

6 INTERESTS AND ACTIVITIES

Identify your major interests and activities, and indicate how often you pursue them.

7 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

8 COMPLETED EDUCATION

For Secondary School Programs: Please list the month and year in which you will complete your secondary studies: Month Year

For Adult Programs: Please indicate the highest level of completed education:

DISCLAIMER

I understand that host countries may not be able to accommodate the restrictions or requirements indicated in the completed application and that acceptance on the AFS program is not a guarantee that these preferences can be honored.

Candidate Signature

Date

Parent/Guardian Signature

Date

(Parent/Guardian signature is required for all secondary school programs and candidates not of legal age in country of residence.)