

**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

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

**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.

I further understand that I may not be eligible to participate in athletic teams related to my host school or community.

\_\_\_\_\_  
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.)