

HOME STAY APPLICATION FORM

Students choose to live with a family to make new friends, learn about Canadian culture, and improve their English.

OUR FAMILIES

Our International Student Services Coordinator carefully selects families who enjoy meeting students from other parts of the world. **Homestay families provide their students with three meals a day, a private room, and a warm welcome.**

Families will spend time with their students in the evenings and on the weekends. They will show them around their communities and make them feel at home.

OUR STUDENTS

We match our students and our homestay families as closely as we can. It is important for you to give us as much information as you can about yourself and about the kind of homestay hosting experience you hope to have.

Our International Student Coordinator checks all homestay placements. We provide assistance and support if needed.

TO APPLY FOR HOMESTAY

Please return this application form with copy of a completed criminal record check for all members of your household who are over 18 years of age. Please also submit a recent picture of your family and home.

Once your application is received, the homestay coordinator will contact you to visit your home, see the room the student will be living in, and give you an orientation to the International Student Services program. You will receive information about your homestay student approximately one month before the semester begins.

You will be expected to pick your student up from the Castlegar or Trail airport when they arrive and drive them to school on the first day of classes.

HOMESTAY FEES

HOSTING DIPLOMA OR ENGLISH LANGUAGE PROGRAM STUDENTS

- Selkirk College will direct deposit you monthly payment: \$850 in first semester. (4 times)
- From second semester, your student will pay you the \$850 per month homestay fee directly if agreed to stay longer.

If you have any questions, please contact:

Misoon Jang, International Student Services Coordinator
Selkirk College 301 Frank Beinder Way
Castlegar, British Columbia V1N 4L3 CANADA

Telephone: 250.365.1238

E-mail: mjang@selkirk.ca

HOME STAY APPLICATION FORM

The information you provide assists us in selecting students for your home. All information provided remains confidential and is used only by the International Education Department at Selkirk College.

Last Name:		First Name:	
Date of Birth (yy/mm/dd):		Email:	
Phone Number:		Can we leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:		City:	Postal Code:
How many student would you like to host?		Gender preference:	

HOUSEHOLD RESIDENTS

Full Name:	Date of Birth (yy/mm/dd):
Occupation:	Work schedule:
Full Name:	Date of Birth (yy/mm/dd):
Occupation:	Work schedule:

Marital status of host resident(s): <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Common Law (living together)

Relatives/Children in Home	Gender	Date of Birth (yy/mm/dd)	Live at home	School/Occupation

Semi/permanent occupants*	Gender	Date of Birth (yy/mm/dd)	In home/flat/sleepout	Relationship to host

Does anyone in the home smoke? <input type="checkbox"/> No <input type="checkbox"/> Yes	Can the student smoke outside? <input type="checkbox"/> No <input type="checkbox"/> Yes
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Do you have pets? <input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
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*Note: Police check required for all adults

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ACTIVITIES AND FAMILY INVOLVEMENT

Are you religious? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you attend Church regularly? <input type="checkbox"/> No <input type="checkbox"/> Yes	Cultural events?
Any special interests?		
Family trips?		
Do you plan on spending evenings and/or weekends with your student? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Check all that would apply. Would you:

- ☐ include your student in activities you enjoy
- ☐ allow the students to have guests over (eg. to do homework, visit, etc.)
- ☐ the student to cook for you or their friends on special occasions

Check all that would apply. The student would have access to:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> TV set | <input type="checkbox"/> Musical instruments: _____ |
| <input type="checkbox"/> DVD player | <input type="checkbox"/> Streaming services (e.g. Netflix) |
| <input type="checkbox"/> Cable TV | <input type="checkbox"/> Internet / Wifi |

Check events below that pertain to your family:

FAMILY ACTIVITIES	FAMILY HOBBIES	FAMILY SPORT INTERESTS	
<input type="checkbox"/> Board games	<input type="checkbox"/> Gardening	<input type="checkbox"/> Rugby	<input type="checkbox"/> Dance
<input type="checkbox"/> Visiting friends/relatives	<input type="checkbox"/> Cooking	<input type="checkbox"/> Soccer	<input type="checkbox"/> Swimming
<input type="checkbox"/> Going to movies/theatre	<input type="checkbox"/> Computers	<input type="checkbox"/> Golf	<input type="checkbox"/> Kayaking
<input type="checkbox"/> Church activities	<input type="checkbox"/> Art	<input type="checkbox"/> Ice Hockey	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Shopping	<input type="checkbox"/> Music	<input type="checkbox"/> Skiing	<input type="checkbox"/> Badminton
<input type="checkbox"/> Walking/running	<input type="checkbox"/> Sewing/knitting	<input type="checkbox"/> Tennis	<input type="checkbox"/> Hiking
<input type="checkbox"/> Camping	<input type="checkbox"/> Boating/fishing	<input type="checkbox"/> Biking	<input type="checkbox"/> Curling
<input type="checkbox"/> Watching TV	<input type="checkbox"/> Photography/ Scrapbooking	<input type="checkbox"/> Baseball	<input type="checkbox"/> Martial Arts
<input type="checkbox"/> Training in gym	<input type="checkbox"/> Crafts	<input type="checkbox"/> Skating	<input type="checkbox"/> Table Tennis
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Basketball	<input type="checkbox"/> Other

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FOOD & MEALS

Will you provide three meals a day? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you or your family vegetarian? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you or your family vegan? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you or a member of your family diabetic or have any special dietary needs? <input type="checkbox"/> No <input type="checkbox"/> Yes:		
Are you able to cater to special dietary needs of a student such as dairy intolerance, vegetarian, etc? <input type="checkbox"/> No <input type="checkbox"/> Yes:		
Notes:		

TRANSPORTATION

Our students rely on the local transit system. Is there a bus stop near you? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, where is the nearest bus stop and which bus(s) stop there?

YOUR HOME

Bedrooms		Student Bedroom 1	Student Bedroom 2
Bathrooms		<input type="checkbox"/> Single bed <input type="checkbox"/> Mirror	<input type="checkbox"/> Single bed <input type="checkbox"/> Mirror
Living Area		<input type="checkbox"/> Double bed <input type="checkbox"/> Storage	<input type="checkbox"/> Double bed <input type="checkbox"/> Storage
Kitchen(s)		<input type="checkbox"/> Desk <input type="checkbox"/> Window	<input type="checkbox"/> Desk <input type="checkbox"/> Window
Heating type		<input type="checkbox"/> Lamp <input type="checkbox"/> Closet	<input type="checkbox"/> Lamp <input type="checkbox"/> Closet
City bus available		<input type="checkbox"/> Dresser	<input type="checkbox"/> Dresser
Washer <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
Dryer <input type="checkbox"/> No <input type="checkbox"/> Yes	Would you prefer the student do their own laundry using your washer, dryer and soap? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Other facilities			
<input type="checkbox"/> Working smoke alarm <input type="checkbox"/> Established fire drill procedures in place <input type="checkbox"/> Insurance that is in effect if you have a paying boarder			
Describe your home and neighborhood:			

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REFERENCE 1 (NO RELATIVES)

Full Name:	Email most used:
Phone:	Relationship to you:

REFERENCE 2 (NO RELATIVES)

Full Name:	Email most used:
Phone:	Relationship to you:

SIGN OFF

_____	_____	_____
Host Number 1 Name	Host Number 1 Signature	Year / Month / Date
_____	_____	_____
Host Number 2 Name	Host Number 2 Signature	Year / Month / Date

Make sure that everything below has been completed:

- ☐ Criminal Records Check
- ☐ Homestay Provider Agreement
- ☐ Application Form
- ☐ Reference Check
- ☐ Home Visit

Submit completed form, recent photos of your home and family and a criminal record check from the last three years for all household residents over age 18 to:

Misoon Jang,
International Student Services Coordinator,
Selkirk College 301 Frank Beinder Way
Castlegar, British Columbia V1N 4L3 CANADA

Telephone: 250.365.1238

E-mail: mjang@selkirk.ca

Year / Month / Date