



# HOST APPLICATION

Please complete ALL section of this application in English

## 1. PERSONAL INFORMATION

Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Best Method of Contact: \_\_\_\_\_

### PLEASE list all other adults living in your home:

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

## 2. CHILDREN

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ M/F: \_\_\_\_\_ At home: Y/N

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ M/F: \_\_\_\_\_ At home: Y/N

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ M/F: \_\_\_\_\_ At home: Y/N

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ M/F: \_\_\_\_\_ At home: Y/N

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### 3. ABOUT THE HOME

**How many bedrooms** are available for hosting? (*1 bed, 1 desk and chair, closet/dresser are required per visitor*)

Bedroom 1: # of Beds \_\_\_ Size of Bed(s) \_\_\_\_\_ Bedroom Location: basement, main floor, second floor  
Bedroom 2: # of Beds \_\_\_ Size of Bed(s) \_\_\_\_\_ Bedroom Location: basement, main floor, second floor  
Bedroom 3: # of Beds \_\_\_ Size of Bed(s) \_\_\_\_\_ Bedroom Location: basement, main floor, second floor  
Bedroom 4: # of Beds \_\_\_ Size of Bed(s) \_\_\_\_\_ Bedroom Location: basement, main floor, second floor

Please indicate all of the **amenities in your home**:

- A. Bathroom Access: Shared household bathroom(s) \_\_\_\_\_ Private visitor bathroom \_\_\_\_\_  
B. Internet Access:  Wireless Other: \_\_\_\_\_  
C. Television:  Common room TV Access  TV in Visitor's Room(s)  No TV in House  
D. Laundry in home:  Yes  No Laundry location: \_\_\_\_\_

**Other Amenities** (Piano, swimming pool, etc.): \_\_\_\_\_

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**Pets:** \_\_\_\_\_ Dog(s) indoors \_\_\_\_\_ How many? \_\_\_\_\_ Hypoallergenic \_\_\_\_\_ Breed \_\_\_\_\_  
\_\_\_\_\_ Cat(s) indoors \_\_\_\_\_ outdoors \_\_\_\_\_ How many? \_\_\_\_\_  
\_\_\_\_\_ Other (please specify): \_\_\_\_\_

What type of **meal plan** are you interested in providing in your home?  
\_\_\_\_\_ Prepared dinner by the host \_\_\_\_\_ Visitor responsible for dinner (Bed & Breakfast) \_\_\_\_\_ Both

Please list all **public transportation** (MBTA) options in your area that your visitors will be able to access. List local **bus number(s)** and **subway station(s)** including walking distance in minutes from your home.

Are there any **placement preferences** (age, gender, etc.)?

Does your home follow any **dietary observances** (i.e. vegetarian, lactose-free, kosher, etc.)?

What **religion(s)** do you practice? Do you attend services regularly?



For visitors 21 and older, how is **alcohol** permitted in your home?

- Allowed to be consumed with permission
- Allowed in the house but not to be consumed
- Strictly forbidden

For visitors 21 and over, what **types of smoking** are prohibited?

- |              |                                 |                                  |                                |
|--------------|---------------------------------|----------------------------------|--------------------------------|
| Cigarettes   | <input type="checkbox"/> Inside | <input type="checkbox"/> Outside | <input type="checkbox"/> Never |
| E-Cigarettes | <input type="checkbox"/> Inside | <input type="checkbox"/> Outside | <input type="checkbox"/> Never |
| Vape         | <input type="checkbox"/> Inside | <input type="checkbox"/> Outside | <input type="checkbox"/> Never |
| Marijuana    | <input type="checkbox"/> Inside | <input type="checkbox"/> Outside | <input type="checkbox"/> Never |

#### 4. PERSONAL HISTORY

Is there any history of **alcohol** or **drug abuse** for any household member?

- No
- Yes (If yes, please explain)

Is there any history of **chronic mental** or **physical illness** for any household member?

- No
- Yes (If yes, please explain)

Has any household member ever been **arrested** or **convicted of a criminal offense**?

- No
- Yes (If yes, please explain)

Do you have **Homeowner's/Renter's Insurance**?

- Yes
- No

For household members 21 and older, how is **alcohol** permitted in your home?

- Consumed  
How often:  Regularly  Occasionally  Not very often
- Strictly forbidden

Do you or anyone in your household **grow marijuana legally**?

- No
- Yes (If yes, please explain)



Do you or anyone in the household **smoke**?

Cigarettes	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	<input type="checkbox"/> Never
E-Cigarettes	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	<input type="checkbox"/> Never
Vape	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	<input type="checkbox"/> Never
Marijuana	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	<input type="checkbox"/> Never

If yes to any of the above, please list who and how often?

## 5. SPECIAL INTERESTS

Why are you **interested in being a host** for an international visitor?

Have you ever **hosted before**? If yes, for whom?

Does any household member speak a **foreign language**? If so, what language(s)?

Has anyone in your home **traveled to another country**? Please list countries.

Has anyone in your home **lived in another country**? Please list who, countries and dates.

Please list **hobbies, interests** and/or **household activities** of all household members.

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## 6. MISCELLANEOUS

When would you like to **begin hosting**?

**How did you hear** about Global Immersions, Inc?

\_\_\_\_\_Advertisement. Where? \_\_\_\_\_

\_\_\_\_\_Referral from a friend/neighbor/colleague. Please list name\_\_\_\_\_

\_\_\_\_\_Other: \_\_\_\_\_

Do you know **other people who might enjoy hosting**? If yes, please provide us with name and contact information (email preferred).

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## 7. REFERENCES

**Please list two personal references (not family members):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_ E-mail (**preferred**): \_\_\_\_\_

Best Method of Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Telephone: \_\_\_\_\_ E-mail (**preferred**): \_\_\_\_\_

Best Method of Contact: \_\_\_\_\_

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## 8. POLICIES & SIGNATURES

All of the information provided in this application is correct and accurate. By signing below, you and any other adult household members agree to the terms and conditions of becoming a host for Global Immersions, Inc. and agree to provide a respectful, safe, and clean environment.

By signing below you and any other adult household members waive and release any and all claims of liability against Global Immersions, Inc., and the employees of Global Immersions, Inc. for injury, loss, damage, accident, sickness, or expense resulting from participation in this program. By signing below, you and any other adult household members fully understand the above waiver of liability and agree to abide by it.

This application will serve as your **working contract** with Global Immersions, Inc.

### **ALL adult household members must sign:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_