



Global Education HOMESTAY STUDENT APPLICATION 18 Years Old or Above

To apply, complete this form and return it with the **nonrefundable placement** fee to:

☐ Spokane Falls Community College
International Programs MS 3011
3410 W Whistalks Way
Spokane WA 99224-5288 USA

☐ Spokane Community College
International Programs MS 2151
1810 N Greene St
Spokane WA 99217-5399 USA

Homestay Application fee of \$200.00 will be charged on students' CCS account.

Placement is not guaranteed and fee is nonrefundable, unless a homestay family is not available.

Student Last name: _____ First name: _____
Gender: Female ☐ Male ☐ Date of birth: _____ Country: _____
Homestay choices: ☐ \$700.00 a month for Homestay with food **OR** ☐ \$400.00 a month for Homestay without food
Estimated date of arrival: _____ Student E-mail: _____
If Applicable, recruiting agent E-mail: _____

HOMESTAY STUDENT PROFILE

While all student preferences will be considered, CCS cannot guarantee they will all be satisfied.

Father's and/or Mother's name and occupation: _____

Would you prefer small children in your host family who are under 6 years old? ☐ Yes ☐ No ☐ No preference

Would you prefer older children in your homestay family who are between 6 and 21? ☐ Yes ☐ No ☐ No preference

Have you traveled outside your country before? ☐ Yes ☐ No

Explain: _____

Do you smoke? ☐ Yes ☐ No

Explain: _____

Is it okay if there are smokers in your homestay family? ☐ Yes ☐ No

What hobbies, sports or other activities do you enjoy? _____

Are you planning to drive a car as soon as you arrive? ☐ Yes ☐ No

How much interaction and conversation with your homestay family do you prefer?

☐ Every day ☐ Several times a week and on weekends ☐ I'm very independent – weekend conversation ok

I would like to live in a home that is more: ☐ Quiet or ☐ Busy-active

Explain: _____

Are you a vegetarian, someone who eats no meat? ☐ Yes ☐ No

Explain: _____

Do you have any allergies to food, drugs, animals or anything else? ☐ Yes ☐ No

Explain: _____

Do you have any health conditions that would prevent you from participation in normal and regular physical activities?

Explain: _____

Disabilities: Students who plan to request accommodations due to a disability must submit a request through the CCS Global Education Office at Internationalhomestay@ccs.spokane.edu. Such requests must be submitted at least 2 months prior to student's first quarter of enrollment. More information regarding CCS Administrative Policy 3.20.01-A, Accommodations for Students with Disabilities is available at <http://www.ccs.spokane.edu/getdoc/80717e7b-4e04-4c51-bfa6-0b48d2a64bf3/3-20-01A-Accommodations.aspx>

Is there anything else you'd like us to know about you?

Please include a photo and short letter about yourself.

Student's Rights and Responsibilities Regarding Homestay Program

Students who participate in the Homestay Program are subject to specific rights and responsibilities. Failure to comply may result in the student's removal from the Homestay Program. The applicable rights and responsibilities are detailed in CCS Policies and CCS Rules and Regulations.
[Student Rights and Responsibilities](#)

Additionally, students must comply with the following requirements:

- 1. Respect & follow the guidelines of your homestay family**
- 2. Pay for any damage you or your guests cause to homestay family home or property.**
- 3. Pay all personal bills and obligations**
- 4. Use prepaid phone card or personal cell phone; do not charge calls on homestay phone.**
- 5. Abstain from illegal activities at all times during your stay**
- 6. Try to resolve conflict with your homestay family by talking to with International Homestay Manager: Ashley Ding.**
- 7. Notify family and International Office prior to moving out, 30 days' notice preferred.**
- 8. Communicate to your homestay family if you'll not be home for dinner or arriving late**
- 9. Pay homestay fee on the 1st of each month – NO refunds if you leave without 30 days' notice**
- 10. Attend classes regularly.**

Agreement, Release, Liability Waiver, and Assumption of Risk by Student

In the State of Washington, individuals who are who are 18 years old or above are generally considered an adult.

I _____ (name of student), agree to the following terms and conditions which I understand will constitute a legally binding Agreement, Release, Liability Waiver, and Assumption of Risk upon my signature.

I understand that a Homestay placement is a placement in a private family home and includes a private room, bathing facilities, and a place to study. The Homestay family provides necessary household items such as linens and towels. The student's room is furnished, including a bed/bedding, desk or table, lamp dresser, and closet. In the **Homestay with Food Plan**, the Homestay family is responsible for providing food for meals and snacks seven days a week. I may also choose a **Homestay without Food Plan**, and agree to purchase, prepare all my own food and clean up afterwards.

I understand that I'm obliged to follow the rules of the Homestay family. All members of the Homestay family will be proficient in English and will only speak English when I/the student, am present. The primary form of transportation for I/the student is the city bus; however, the Homestay family may occasionally offer me a ride in their personal vehicles.

I consent to my placement in a Homestay family. Additionally, I understand and agree that there may be modifications in my Homestay placement. I the student, agree to release the STATE OF WASHINGTON, Community Colleges of Spokane (CCS), the Homestay families, and their officers, agents, employees, agencies, and departments from any responsibility and liability for changing who will be assigned as the Homestay family prior to or after my arrival in the United States, placement in more than one Homestay family or denial of placement if an appropriate Homestay family is not available."

Medical

I, the student agree to purchase and maintain adequate medical insurance and personal liability insurance on my personal belongings while I attend CCS. The medical insurance shall comply with any requirements mandated by the U.S. Visa Program. I agree and understand that CCS assumes no responsibility for verifying the medical insurance standards of coverage if purchased outside the CCS Lower plan. I agree and understand that CCS assumes no responsibility to verify the purchase/adequacy of my personal liability insurance.

I authorize the Homestay family to take whatever action they feel is reasonably warranted to obtain medical and dental attention for myself during the period in which I live with the homestay family. This authority and permission includes, but is not limited to the following: medical exams, testing, x-rays, anesthetic, surgical and hospital care and treatment, medical procedures, and treatment to be performed for me by a licensed health care provider, or hospital when, in the sole discretion of the attending health care provider, such care, treatment and procedures are immediately necessary or advisable in the interest of my health and well-being, and it's not advisable to take time to contact family members in advance. Under the circumstances set forth above, I elect to not be informed in advance of the nature and character of the proposed treatment, its anticipated results, possible alternatives, and risks, complications and anticipated benefits involved in the proposed treatment and the alternative forms of the treatment, including non-treatment. I further grant permission for the health care treatment providers, the homestay family, and CCS to release information regarding me to health care providers and facilities who are engaged in providing health care to me child under these circumstances.

I, the student agree to be financially responsible for the costs of all medical and dental care and treatment obtained or provided to me during my attendance at CCS and stay with the Homestay family. I and my heirs, assigns, or other successors in interest agree to release the STATE OF WASHINGTON, Community Colleges of Spokane (CCS), the Homestay families, and their officers, agents, employees, agencies, and departments from any responsibility or liability for any medical or dental related costs.

Additional Costs:

I agree to reimburse my Homestay for repairs/costs incurred by me in the event of damage to the Homestay family home or property.

Activities, Travel and Trips:

I understand and acknowledge that there is a risk of injury to me by my participation in trips and activities with my Homestay family. I further understand that it is voluntary for me to participate in trips and activities with the Homestay family and that CCS and the Homestay program do not require my participation. I hereby release the Homestay Family, CCS and the State of Washington, their employees, officers, agents, and trustees, and waive any and all right and claims for damages from any and all injuries that I may suffer as a result of my participation in trips and/or activities.

I agree to hold harmless and indemnify the Homestay Family, CCS and the State of Washington, their employees, officers, agents, and trustees for any action, claim, or proceeding initiated as a result of any injury suffered by me or any third party through my participation in any trips and/or activities. Typically these activities may include, but are not limited to: transport in Homestay family member vehicles to shop, commute to/from school, dining out, community/religious events, family recreational, vacation activities etc.

Student's signature: _____

Date: _____

Parent's signature: _____

Date: _____

(If student is 17 years old)