



COLLEGE OF THE ATLANTIC COMMUNITY CONNECTIONS PROGRAM

Host Family Application

Please use this form to tell us more about your family. If possible, the information will be used to connect you with a student of similar interests. If you have any questions about COA's Community Connections Program or this application, please contact Monica Hamm, coordinator of international student services at 207-801-5673 or mhamm@coa.edu.

Instructions for using this form: 1. Please save the PDF to your desktop, 2. Open the form and fill in all of the answers, 3. Save the PDF, 4. Email the saved PDF as an attachment to Monica Hamm (mhamm@coa.edu).

HOST FAMILY INFORMATION

Name: _____

Address: _____

Phone (home): _____ (work): _____

Email address: _____

Preferred method of contact: Mail Phone Email

Have you participated in a College of the Atlantic host-family program before? Yes No

Family members living at home:

Name: _____ Age: _____ Occupation: _____

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Name: _____ Age: _____ Occupation: _____

Name: _____ Age: _____ Occupation: _____

How would you describe your family? _____

What hobbies and interests do you share (please include languages spoken within the household)? _____

Do you have any pets in your home? Yes No If so, what kind? _____

Favorite foods that your family likes to eat: _____

STUDENT PREFERENCES

Please describe why you would like to host a student through COA's Community Connections Program: _____

Ideal characteristics for a student placed with your family would include: _____

We would prefer a student from (country or region) _____
who speaks (language) _____
who practices (religion) _____
who is Male Female Does not matter

We would be willing to accept more than one student: Yes No If yes, how many? _____

We would be willing to accept a student who smokes: Yes No Yes, if the student smokes outside only.

Any additional information that would be helpful in pairing a student with your family can be added here: _____

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Monica Hamm
Coordinator of International Student Services
College of the Atlantic
105 Eden Street
Bar Harbor, ME 04609
207-801-5673
mhamm@coa.edu