



Please download this form to your desktop. Fill in all of the responses, and email the completed application to Karen Collins, [kcollins@coa.edu](mailto:kcollins@coa.edu).

STUDENT INFORMATION

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

Date of Birth: \_\_\_\_\_ I live  On campus  Off campus

Home city and country: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Email address: \_\_\_\_\_

HEALTH AND ALLERGIES

Do you have any health conditions or allergies?  Yes  No  If yes, please explain \_\_\_\_\_

Do you smoke cigarettes regularly?  Yes  No

Do you have food restrictions?

No, I have no special dietary needs  Yes, I am a vegetarian  Yes, I am a vegan

Yes, I have food restrictions. Please state food restrictions, or strong food dislikes (for example, I cannot eat pork, beef, shellfish, etc): \_\_\_\_\_

HOBBIES

Please list your hobbies and interests \_\_\_\_\_

Do you consider yourself  an introvert?  an extrovert?

HOST FAMILY PREFERENCES

I prefer a family:  With small children  With teenage children  Without children

Do you mind if your host family member is single?  Yes  No

Do you want to be matched with a family who practices your religion?     Yes     No

If yes, please indicate your religion: \_\_\_\_\_

Do you mind if the family has pets?     Yes     No    If yes, which pets bother you? \_\_\_\_\_

What are your expectations/hopes for the Community Connections Program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other information you feel would be helpful in selecting a Community Connection family for you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please email your saved PDF as an attachment to Karen Collins (kcollins@coa.edu), community connections volunteer coordinator.

Information is also available from  
Dianne Clendaniel  
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