

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_

Please email a completed copy of the application to the Exchange Program Coordinator at [csto@mac.com](mailto:csto@mac.com)

Please print out a hard copy of the application to turn in at the next meeting.

Dear Student,  
In order to facilitate the selection of your partner student for your forthcoming exchange, it would be appreciated if you answer the following questions. Please type the answers or check (X) in the appropriate boxes.

**1. Student Information**

Student Passport/School Photo

	Birth Date: Month _____ Day _____ Year _____ Age _____
	Birth Place: _____
	Street: _____
	City: _____
	State: _____
	Zip Code: _____
	Country Code: 001
	Area Code: _____
	Telephone: _____
	E-mail: _____

Name of your School: \_\_\_\_\_  
Grade Level: \_\_\_\_\_

**2. Parent Information**

1) First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Relation to Student: Mother  Father  Step Parent  Grandparent  Legal Guardian   
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Home  Work  Cell   
E-mail: \_\_\_\_\_ Work  Private   
Last Name **0** \_\_\_\_\_

2) First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Relation to Student: Mother  Father  Step Parent  Grandparent  Legal Guardian   
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Home  Work  Cell   
E-mail: \_\_\_\_\_ Work  Private   
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**3. Siblings/Other Household Members**

	Name	Age	Gender
1)			
2)			
3)			
4)			
5)			
6)			

**4. Faith/Religious Beliefs**

Are you religious? Yes  No   
If yes, which faith do you practice? \_\_\_\_\_  
Do you attend services regularly? Yes  No

**5. Hosting a Student**

My parents are  are not  able to host a student from Braunschweig  
We are able to host one  or two  student(s)  
We prefer to host girl(s)  or boy(s)  either

**6. Staying with a Host Family**

Do you prefer to be hosted by a girl  or boy  either   
Is it okay for you to share a bedroom with your host brother or sister?  Yes  No

**7. Substance Use**

Do you drink alcoholic beverages habitually? Yes  No   
Do you smoke or vape? Yes  No   
If so, would you be willing to stop if your host family wants you to do so? Yes  No   
Do you object to others smoking around you? Yes  No

**8. Employment**

Do you have a part-time job? Yes  No   
If yes, what kind? \_\_\_\_\_  
On average, how many hours do you work in a week? \_\_\_\_\_

**9. Responsibilities at Home**

Do you have specific chores to do at home? Yes  No   
*Mark all that apply*

cleaning <input type="checkbox"/>	cleaning up after meals <input type="checkbox"/>
yard work <input type="checkbox"/>	taking care of dishes <input type="checkbox"/>
taking out trash <input type="checkbox"/>	doing laundry <input type="checkbox"/>
cooking/preparing meals <input type="checkbox"/>	taking care of pets <input type="checkbox"/>
	other: _____

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**10. Interests**

	Yes	No
Do you regularly read books?	<input type="checkbox"/>	<input type="checkbox"/>
If so, what type/genre?	_____	
Do you regularly read magazines?	<input type="checkbox"/>	<input type="checkbox"/>
Do you regularly read newspapers?	<input type="checkbox"/>	<input type="checkbox"/>
Do you like going to the movie theater?	<input type="checkbox"/>	<input type="checkbox"/>
What kind of movies do you prefer?	_____	
Do you like to attend concerts?	<input type="checkbox"/>	<input type="checkbox"/>
What kind of music do you prefer?	_____	
Do you play an instrument(s)?	<input type="checkbox"/>	<input type="checkbox"/>
If so, which one(s)?	_____	
How much time do you spend watching TV daily?	_____	
Do you play any sports?	<input type="checkbox"/>	<input type="checkbox"/>
If so, which one(s)?	_____	
Do you like to exercise?	<input type="checkbox"/>	<input type="checkbox"/>
If so, how often?	_____	
Do you like to play video games?	<input type="checkbox"/>	<input type="checkbox"/>
If so, how much time do you spend playing video games daily?	_____	
Do you have any hobbies(i.e. crafting, scrapbooking, woodworking, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
If so, which one(s)?	_____	

**11. School**

What are your favorite subjects in school? \_\_\_\_\_

Have you studied any foreign languages? Yes  No

Check any foreign languages have you studied and how long?

German <input type="checkbox"/>	_____
French <input type="checkbox"/>	_____
Spanish <input type="checkbox"/>	_____
Chinese <input type="checkbox"/>	_____
Other <input type="checkbox"/>	_____

Have you had opportunities to use these languages outside of school? Yes  No   
If yes, explain: \_\_\_\_\_

**12. Extracurricular Activities**

Do you participate in extracurricular school activities, and which clubs do you belong to?  
\_\_\_\_\_  
Last Name **0** \_\_\_\_\_

**13. Conversation Topics**

Which of the following topics would you feel confident talking about with your host?  
Religion  World History  The Economy   
American Culture  U.S. History  Government

**14. Possible Field Trips**

During your stay in Braunschweig, field trips are planned. Which of the following activities do you prefer?

Visiting historical sites <input type="checkbox"/>	Visiting museums <input type="checkbox"/>
Sightseeing in neighboring towns <input type="checkbox"/>	Hiking <input type="checkbox"/>
Getting to know rural or urban life <input type="checkbox"/>	Bicycling <input type="checkbox"/>
Visiting public institutions <input type="checkbox"/>	Doing other sports <input type="checkbox"/>
Getting to know different types of schools <input type="checkbox"/>	Attending sport events <input type="checkbox"/>
Meeting/Talking to people <input type="checkbox"/>	Visiting businesses/factories <input type="checkbox"/>
Shopping trips <input type="checkbox"/>	

**15. Foreign Travel Experience**

Have you taken any trips to foreign countries in recent years? Yes  No   
What countries have you visited? \_\_\_\_\_

Have you ever lived in a foreign country for any length of time? Yes  No   
Which one? \_\_\_\_\_

Have you ever been the guest of a family in a foreign country? Yes  No   
Which one? \_\_\_\_\_

**16. Pets**

Do you have any pets? Yes  No  If yes, how many and what types: \_\_\_\_\_

**17. General Health**

What is the state of your health? Poor  Good  Excellent   
Do you take any medication regularly? Yes  No   
If yes, which one(s)? \_\_\_\_\_  
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**17. General Health Continued**

Do you follow a special diet? Yes  No   
If yes, please describe: \_\_\_\_\_

Are you allergic to dogs/cats, other animals or to any substance(s)? Yes  No   
If yes, please describe: \_\_\_\_\_

Do you have any other conditions your host family needs to be aware of? Please describe:  
*Examples (seizures, asthma, panic attacks, blindness, deafness, autism, etc.)*  
\_\_\_\_\_

**18. Background Check**

Would you agree to a criminal background check? Yes  No

**19. Recommendations**

Please provide the names of two non-family members who could be contacted for recommendations?  
*Be sure to ask these people for permission for me to contact them.*

1) Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Date: \_\_\_\_\_ (Month / Day / Year) Student's Signature: \_\_\_\_\_

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**20. Letter to Host**

Please introduce yourself and/or your family in a letter to you partner and their family!  
*Is there any further information you consider important for your host family to know?*

\_\_\_\_\_

Photo(s) of you and your family or any other photo you would like to share with your host partner and their family.

\_\_\_\_\_