**HOST FAMILY QUESTIONNAIRE**

PRIMARY’S NAME: (Title, Last, First, MI, )

SPOUSE’S NAME: (Title, Last, First, MI, )

EMPLOYER / OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY / ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ETHNICITY**: (Circle) African America Asian / Pacific Islander Caucasian Hispanic Inter-Racial Native American No Answer Other\_\_\_\_\_\_\_\_\_\_\_

**RELIGIOUS AFFILIATION**: (Circle) Agnostic Atheist Buddhist Catholic Jewish Mormon/LDS Muslim Non-Denominational Protestant Uncommitted Unknown No Answer Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**YOUR INTRESTS:** (Circle) Aviation Baseball Basketball Bikes Board Games Computer/ Video Games Cooking/Baking Fishing/Hunting Football Golf Horseback Riding Musical Instruments Racquetball Swimming Tennis TV/Movies Watching Sports Watersports Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any of the following in your home? (Circle all which apply) Cats Dogs other pets Smokers Young Children (ages) \_\_\_\_\_\_\_\_\_\_\_ Teenagers (ages) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AIRMAN GENDER REQUEST**: (Circle or number): \_\_\_\_\_\_\_\_ Male/s \_\_\_\_ Female/s \_\_\_\_\_ No Preference How many Airmen are you willing to host? \_\_\_\_\_

Preferred Method of Communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you have access to the base? Y/N

Do you use texting via cell phone? Y/N How did you hear about the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional comments/desires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

