

1 PRELIMINARY APPLICATION

Candidate Personal and Family Information

PLEASE TYPE OR PRINT

Full legal name, circle male/ female (Mr./ Ms.):

Mr./ Mrs. _____
Last (family) name First name

Address for mailing purposes: _____
Street City
_____ State/ Province Zip/ Postal Code Country

Telephone: _____ Birth Date: (day/month/year) _____

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Country of Legal Residence: _____

Passport Number: _____ Expiration Date: _____

Information about my family:

I live with father mother guardian other than parent stepfather stepmother

Address and occupation:

a) Father/ Stepfather/ Guardian:

Legal Name: Last Name First Name Business Telephone Number

Occupation and Employer

b) Mother/ Stepmother/ Guardian:

Legal Name: Last Name First Name Business Telephone Number

Occupation and Employer

c) Emergency Contact: If your parents/ guardian cannot be reached, please indicate someone else in your community whom we can contact: _____

Last Name First Name Relationship Telephone

Names and ages of brothers/ sisters: _____

Your religious affiliation, if any: _____

How often do you participate in structured religious services? weekly monthly occasionally never

Do you require regular access to religious activities of your own faith? absolutely require access not necessary

Do you smoke cigarettes? yes no If yes, would you abstain during your AFS experience? yes no

Do you have any dietary restrictions? Include any which are for religious reasons or are self-imposed. yes no

If yes, please explain: _____

Do you have any physical restrictions, impairments or allergies that will limit placement options or participation in everyday family and/or school activities? yes no If yes, please explain: _____

Can you live in a household with pets? Which live indoors yes no which live outdoors yes no If no to either, please identify the animal(s) and explain: _____

Language proficiency (for languages other than your native language):

Language: _____ Years Studied: _____ Speaking Ability: _____

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Signature _____ Date _____

{AFS Italy , Via Gracco del Secco 100, 53034 Colle val d'Elsa (SI) Phone 0577.900011 fax 0577900948}

Do you have relatives or close friends, including AFS relatives, living in another country? yes no If yes, in what state/
province and country: _____ Relationship: _____

Have you ever lived or traveled outside your country? yes no Where? _____ When? _____

AFS Connections

Has your family hosted on AFS? yes no

If yes, from what country and when: _____

Have members of your family participated on an AFS program? yes no

If yes, to what country and when: _____

Tell us about yourself:

1. Describe how you see yourself, your personality:

2. Describe your relationship with each family member and with your friends:

3. Describe your responsibilities at home and at school:

4. List your favorite interests and hobbies and indicate how often you pursue them:

5. Why did you apply for the AFS program? What do you want to gain from participation?

Signature

Date

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