



Homestay in Canada Application Form (Adult)

Thank you for choosing Canada as your travel and study destination. MLI Homestay is looking forward to placing you in your home away from home.

This comprehensive application form will assist us with getting to know you and ensuring that you are placed in the best possible match. To ensure that this application is processed as quickly as possible, please adhere to the following guidelines:

1. Form may be filled out on computer, except where signatures are required, or print clearly in block letters.
2. Answer all questions completely and sign where indicated
3. Submit application via email info@mlihomestay.com or fax to 416-646-5406
4. Application Fee is due at the time of application submission. Full payment must be received by MLI Homestay prior to arrival.

HOMESTAY PROGRAM INFORMATION

DATE OF APPLICATION (YYYY / MM / DD) ____ / ____ / ____		
ARRIVAL (YYYY / MM / DD) ____ / ____ / ____	FLIGHT # AND TIME	AIRPORT TRANSFER REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO
DEPARTURE (YYYY / MM / DD) ____ / ____ / ____	FLIGHT # AND TIME	AIRPORT TRANSFER REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO

SCHOOL INFORMATION (Please complete this section only if attending a school program in Canada)

SCHOOL	GRADE/LEVEL	START DATE (YYYY / MM / DD) ____ / ____ / ____	END DATE (YYYY / MM / DD) ____ / ____ / ____	
STREET ADDRESS		CITY	PROVINCE	POSTAL CODE

I REQUIRE ASSISTANCE WITH OTHER SERVICES: Please specify: _____

AGENT INFORMATION

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER (INCLUDE COUNTRY AND AREA CODES)
CITY AND PROVINCE	COUNTRY	EMAIL ADDRESS

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PARTICIPANT INFORMATION

SURNAME		GIVEN NAME(S)		PLEASE ATTACH PHOTO HERE (Attach photo to email if sending pdf of this application via email)
DATE OF BIRTH (YYYY / MM / DD) ____/____/____		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OCCUPATION	
NATIONALITY		EMAIL ADDRESS		
LEVEL OF ENGLISH <input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED		LANGUAGES SPOKEN		
STREET ADDRESS				
CITY	PROVINCE/STATE	COUNTRY OF RESIDENCE	POSTAL CODE	

EMERGENCY CONTACT (if parents are unavailable for consultation)

SURNAME	GIVEN NAME(S)	RELATIONSHIP
EMAIL ADDRESS	HOME/MOBILE TELEPHONE (INCLUDE COUNTRY AND AREA CODES)	LANGUAGES SPOKEN

PARTICIPANT INFORMATION

WHEN SPEAKING ENGLISH I: <input type="checkbox"/> WORRY ABOUT MISTAKES <input type="checkbox"/> WELCOME CORRECTION <input type="checkbox"/> FOCUS ON GRAMMAR <input type="checkbox"/> JUST TALK HOWEVER IT COMES OUT	
PERSONALITY TRAITS <input type="checkbox"/> AFFECTIONATE <input type="checkbox"/> CHEERFUL <input type="checkbox"/> SOCIABLE <input type="checkbox"/> OPTIMISTIC <input type="checkbox"/> SHY <input type="checkbox"/> ACTIVE <input type="checkbox"/> ADAPTABLE <input type="checkbox"/> HUMOROUS <input type="checkbox"/> SERIOUS <input type="checkbox"/> CURIOUS <input type="checkbox"/> TALKATIVE <input type="checkbox"/> RELAXED <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> QUIET <input type="checkbox"/> TIDY <input type="checkbox"/> DISORGANIZED <input type="checkbox"/> ENERGETIC <input type="checkbox"/> PATIENT	
I MAKE NEW FRIENDS EASILY: <input type="checkbox"/> YES <input type="checkbox"/> NO	IN NEW SITUATIONS I TEND TO: <input type="checkbox"/> WORRY OR STRESS <input type="checkbox"/> EMBRACE THE CHALLENGE
I HAVE A PET AT HOME: <input type="checkbox"/> NO <input type="checkbox"/> YES, I HAVE:	I ATTEND RELIGIOUS SERVICES: (OPTIONAL) <input type="checkbox"/> OFTEN <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> RARELY <input type="checkbox"/> NEVER
HAVE YOU EVER LIVED AWAY FROM HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE DESCRIBE THE EXPERIENCE: _____	
ACTIVITIES YOU ENJOY; SPORTS <input type="checkbox"/> FOOTBALL <input type="checkbox"/> GOLF <input type="checkbox"/> HORSEBACK RIDING <input type="checkbox"/> ICE HOCKEY <input type="checkbox"/> MARTIAL ARTS <input type="checkbox"/> SAILING <input type="checkbox"/> CROSS-COUNTRY SKIING <input type="checkbox"/> DOWNHILL SKIING <input type="checkbox"/> SOCCER <input type="checkbox"/> SWIMMING <input type="checkbox"/> TENNIS <input type="checkbox"/> VOLLEYBALL <input type="checkbox"/> BASEBALL <input type="checkbox"/> BASKETBALL <input type="checkbox"/> CAMPING <input type="checkbox"/> CYCLING <input type="checkbox"/> FIELD HOCKEY <input type="checkbox"/> RUNNING <input type="checkbox"/> HIKING <input type="checkbox"/> CANOEING/KAYAKING OTHER: _____	
OTHER INTERESTS <input type="checkbox"/> COOKING <input type="checkbox"/> DANCE <input type="checkbox"/> MUSIC (POPULAR) <input type="checkbox"/> MUSIC (CLASSICAL/JAZZ) <input type="checkbox"/> PAINTING/DRAWING <input type="checkbox"/> READING <input type="checkbox"/> PHOTOGRAPHY <input type="checkbox"/> THEATRE <input type="checkbox"/> SINGING <input type="checkbox"/> MOVIES <input type="checkbox"/> SEWING <input type="checkbox"/> CHESS <input type="checkbox"/> COMPUTERS <input type="checkbox"/> BOARD GAMES <input type="checkbox"/> SHOPPING <input type="checkbox"/> SIGHTSEEING OTHER: _____	

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FOOD PREFERENCES/ALLERGIES

WHICH OF THE FOLLOWING STATEMENTS APPLIES TO YOU?

- | | |
|---|---|
| <input type="checkbox"/> I EAT ALMOST EVERYTHING | <input type="checkbox"/> I LIKE A HOT BREAKFAST |
| <input type="checkbox"/> I AM VEGETARIAN | <input type="checkbox"/> I PREFER A LIGHT BREAKFAST |
| <input type="checkbox"/> I AM VEGAN | <input type="checkbox"/> I DON'T EAT BREAKFAST AT ALL |
| <input type="checkbox"/> I REALLY ENJOY COOKING | <input type="checkbox"/> I EAT VEGETABLES |
| <input type="checkbox"/> I HAVE NEVER COOKED FOR MYSELF | <input type="checkbox"/> I AM VERY CONCERNED ABOUT GAINING WEIGHT |
| <input type="checkbox"/> I AM OPEN TO TRYING NEW FOODS | <input type="checkbox"/> I AM NOT VERY ADVENTUROUS WITH NEW FOODS |
| <input type="checkbox"/> I LOVE DESSERTS | <input type="checkbox"/> I DO NOT EAT RED MEAT (BEEF, VEAL, LAMB) |

LIST YOUR FAVOURITE FOODS:

LIST FOODS WHICH YOU CANNOT EAT:

DO YOU HAVE ANY FOOD ALLERGIES? NO YES, INCLUDING:

DO YOU HAVE ANY ALLERGIES TO ANIMALS? NO YES

DOG CAT OTHER _____

DO YOU HAVE ANY ALLERGIES TO OTHER THINGS?

OTHER ALLERGIES:	REACTION	MEDICATIONS	IS THIS ALLERGY LIFE-THREATENING?
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

DO YOU SMOKE? NO YES

DO YOU AGREE NOT TO SMOKE INSIDE (INCLUDING YOUR BEDROOM)? NO YES

WOULD YOU AGREE TO LIVE IN A HOME WHERE OTHERS SMOKE OUTSIDE? NO YES

BE TRUTHFUL. Misrepresentation may result in a required change of host family at a supplementary cost.

NOTE: in most provinces in Canada, the legal age to purchase cigarettes is 18 or 19 years. Host families and other adults are legally forbidden to purchase cigarettes for underage persons.



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ABOUT YOU

Why have you chosen to come to Canada and stay in homestay? What do you hope to achieve during your time in Canada?

From what you know of Canada, what would you most like to see or do during your stay?

What expectations do you have of your homestay experience?

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HEALTH INFORMATION

GENERAL HEALTH: EXCELLENT GOOD FAIR POOR

Do you have a physical or medical condition for which you require special medication or services? YES NO
(This includes conditions such as ADD/ADHD, anxiety, depression, eating disorder) If yes, please explain:

Are you currently taking any medication? YES NO
If yes, please explain:

Are there any medications that you are not able to take or have allergies to? YES NO
If yes, please explain:

MEDICAL AGREEMENT AND RELEASE

1. I certify that the above information is correct to my knowledge.
2. I hereby authorize MLI Homestay to seek medical attention, if required, for me in the event of sickness, accident or other emergency during the program.
3. In the case of medical emergency, I the Participant, give permission to the physician selected by MLI Homestay or the Host Family to hospitalize, secure proper treatment for, and to order injections, immunizations/vaccinations, anesthetics or surgery for me.
4. For simple headaches, fever or other minor pain, I permit the host family to administer the prescribed dose of:

- | | | |
|--|--|--|
| <input type="checkbox"/> ASPIRIN | <input type="checkbox"/> ACETAMINOPHEN (ex. Tylenol) | <input type="checkbox"/> IBUPROFEN (ex, Advil, Motrin) |
| <input type="checkbox"/> POLYSPORIN | <input type="checkbox"/> ANTACID (Tums, Maalox, etc.) | <input type="checkbox"/> COUGH MEDICINE |
| <input type="checkbox"/> THROAT LOZENGES | <input type="checkbox"/> ANTIHISTAMINE (ex. Sudafed, Benadryl) | |

3. I hereby agree that the relationship and the resolution of any and all disputes arising therefrom between ourselves and health services provided through MLI Homestay, the Host Family or the school officials, shall be governed by and construed in accordance with the laws of the province in which the program is operated. I/we hereby acknowledge that the treatment will be performed in the province in which the program is operated and that the courts of that province shall have jurisdiction to entertain any complaint, demand, claim or cause of action whether based on alleged breach of contract or alleged negligence arising out of the treatment. I/we hereby agree that if I/ we commence any such legal proceedings they will be only in the province in which the program is operated, and hereby irrevocably submit to the exclusive jurisdiction of the provincial courts.

4. I confirm that I am not affected by or have a history of medical, psychiatric or emotional difficulties, nor do I have any condition that would impact the success of my homestay program.

PARTICIPANT NAME

PARTICIPANT SIGNATURE

DATE (YYYY / MM / DD)

____ / ____ / ____

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PARTICIPATION AGREEMENT

These rules concern all Participants in the MLI Homestay Program. Please read carefully and sign your name after you fully understand and agree to comply with these rules.

I, _____ (Participant) agree to the following regulations:

- I will show respect for MLI Homestay staff, coordinators and host families and obey their instructions.
- I will show respect for my host family and act as a member of the family by obeying the family/house rules.
- I will voluntarily help with reasonable household chores.
- I understand that misrepresenting myself on the Application Form may result in an inappropriate homestay placement. If I must be moved to a new homestay due to this misrepresentation (eg. smoking when identified as a non-smoker, inaccurate report of allergy information), I understand that I will be responsible for a \$350.00 CAD administrative fee.
- I will respect my host family's private affairs.
- I understand that International phone calls using the host family telephone line require host family approval and I will use a calling card.
- I understand that Internet usage will be at the discretion of the host family. I know that the family is not responsible for providing a personal telephone or cable line for Participant use.
- I will not visit any illegal or pornographic website, nor will I download any pornographic images onto my/my host family's computer. I will not download any images, movies, games without the express consent of my host family.
- When posting pictures, messages or comments on any social media site, I will respect personal honour and NOT post negative or hurtful messages/photos of my peers, my or anyone's family, school staff, and MLI Homestay staff.
- In case of illness, I will immediately inform my host family or contact the MLI Homestay Department. Any medical expenses incurred will be fully covered by me or my medical insurance when the medical expenses are in excess of the insured amount or the procedure is not covered by my medical insurance.
- I understand that I cannot decide to make any changes to my host family of my own accord. Any change in host family must be preapproved by the MLI Homestay Department.
- Family and friends may not visit the student during the program and may not disturb the host family life.
- MLI Homestay must be contacted with detailed arrangements at least 2 weeks in advance of participant vacations and/or other time away from the host family during the program.

Legal Obligations

- Participants must abide by the federal and provincial laws of Canada and their own native country. Participants must only use drugs prescribed by a medical practitioner. The use or possession of any type of illegal drugs (including marijuana/cannabis), or the abuse of prescription or non-prescription medications is an illegal activity in Canada. The consumption or possession of alcoholic beverages and the purchase of cigarettes and tobacco products is illegal for persons under the age of 19 (18 in some provinces). Purchasing alcohol or tobacco products on a minor's behalf is illegal.
- Violence, aggression, harassment or bullying is strictly forbidden behaviour. *Harassment can be a single incident or a series of incidents including words, acts or gestures of a malicious or abusive nature directed at a person or a group of persons for reasons of: academic ability, age, sex, sexual orientation, disability, economic status, language, race, ethnicity, religion, appearance or colour.*
- Participants must not accept paid employment or enter into any contractual agreement, be it business, marital or religious.

I understand that not following the above rules may have negative effects on the integration in the host family, community and MLI Homestay Program. I acknowledge that I have read, understood and agree to all of the above conditions of the Participation Agreement.

General Agreement

- I agree that all the information in the application is true to the best of my knowledge and that any falsification of information may lead to dismissal from the program.
- I agree that I am capable of participating safely in this program, except as otherwise advised in writing, and that I am in good health and have not been exposed to any infectious disease during the 4 weeks immediately prior to my arrival in Canada; otherwise, I agree to notify MLI Homestay immediately and cancel or delay my arrival in Canada.
- I agree to obtain all necessary and sufficient insurance.
- I declare that I am in possession of sufficient funds to finance my full homestay program, including personal spending and travel expenses. I agree to pay for the expenses incurred, relating to my participation in MLI Homestay programs, including but not limited to long distance telephone expenses, internet overuse expenses, any damages caused to the host family's home from the result of negligence or intent, and medical expenses.
- I have read and understood all of MLI Homestay's policies, including the cancellation and refund policies.
- I acknowledge and accept that during the course of my program, I may be photographed, videotaped or audio taped and I hereby grant MLI Homestay unrestricted and non-expiring permission and all rights to use or license such media for any advertising or promotional purposes that MLI Homestay may deem appropriate, without any compensation whatsoever.
- I hereby waive, release and absolve and agree to indemnify and save harmless MLI Inc., MLI Homestay, the Host Family from all liability arising from my participation in the Homestay program, except such as results solely from its or their wilful neglect or wilful default.

Cause for Program Termination

- In the event that the Participant does not comply with the rules and regulations, I understand that MLI has the right to terminate participation in the MLI Homestay Program which will result in immediate release of MLI Homestay and MLI Inc.'s responsibility. If this occurs the Participant will be responsible to arrange his/her own accommodation immediately at his/her own expense.
- If it is discovered that the Participant has knowingly provided false or misleading information as part of the application, homestay program may be terminated.
- If the Participant fails to notify MLI Homestay of any change relating to the participant's physical or mental well-being prior to his/her program departure, and the change affects the success of the homestay program, dismissal of the program may result.
- Incriminating evidence related to inappropriate behaviour or violations of program rules discovered in photos or comments posted online may result in program dismissal.
- Online profiles must be consistent with how participants present themselves in application forms. If MLI Homestay or any potential host family discover that the participant is different from that portrayed in their application, dismissal from the program may result.

PARTICIPANT NAME	PARTICIPANT SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
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