**Thank you for your interest in the Host Family Program! Please complete the below application and return it to Lori Kantorowitz at** [**lkantorowitz@sjjcc.org**](mailto:lkantorowitz@sjjcc.org)**.**

**Please complete the below information for the primary contact(s) in the home:**

|  |  |  |
| --- | --- | --- |
| **Parent First/Last Name** | Click here to enter text. | Click here to enter text. |
| **Address** | Click here to enter text. | Click here to enter text. |
| **City/State/Zip** | Click here to enter text. | Click here to enter text. |
| **Home Phone** | Click here to enter text. | Click here to enter text. |
| **Work Phone** | Click here to enter text. | Click here to enter text. |
| **Cell Phone** | Click here to enter text. | Click here to enter text. |
| **Email** | Click here to enter text. | Click here to enter text. |

**Please complete the below information for the child(ren) in the home:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Name** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Age** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Current School** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Current Residence** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**How did you learn about the Host Family Program:**

Click here to enter text.

**Please describe your family’s weekly schedule. When does your family spend time all together, what are some of your favorite family activities:**

Click here to enter text.

**Please describe your family’s meal times during the week and on weekends. Are there days when your family has meals all together:**

Click here to enter text.

**Please describe a typical week night evening in your home:**

Click here to enter text.

**Please describe a typical weekend for your family:**

Click here to enter text.

**Where in your home would the shinshin stay:**

Click here to enter text.

**Please describe your family’s community affiliations, both Jewish and secular:**

Click here to enter text.

**Does either parent work from home:**

**Yes  No**

**Please indicate if your family keeps kosher:**

**Strictly kosher  Kosher style  Not kosher**

**Is anyone in your household a vegetarian:**

**Yes  No**

**Would you be able to accommodate a shinshin that is vegetarian:**

**Yes  No**

**Do you have any pets (please select all that apply):**

**Dog(s)  Cat(s)  Other** Click here to enter text. **No Pets**

**Does anyone in your family smoke cigarettes:**

**Yes  No**

**Has anyone in your family been to Israel? If yes, please specify:**

**Yes  No**

Click here to enter text.

**Does anyone in your family speak Hebrew? If yes, please specify who and at what level:**

**Yes  No**

Click here to enter text.

**Do you anticipate any time away which would necessitate alternative housing arrangements for a shinshin staying with you? If yes, please specify:**

**Yes  No**

Click here to enter text.

**Please indicate which hosting period works best for your family (select all that apply):**

**Mid-August – December**

**January - April**

**May – Mid-August**

**Is there any additional information you wish to share about your family that will be relevant as we consider your host family application?**

Click here to enter text.