



Dear Student,

Hello and welcome to the International Friendship Partner Program. My name is Stephanie and I will be guiding you through the process of becoming a friend to a volunteer family. Let me assure you the families are very excited to meet you and have been waiting to do so for several months! All families had to go through some training and receive a background check first however.

We are hoping to develop a relationship with you that lasts and gives us both cultural experiences. We want you to help us understand your part of the world and we are excited to show you ours. Soon a member of your new "family away from home" will be contacting you and make arrangements for an initial meeting. Many families have also signed up to host you during the holidays if you would like to do so. In the future there are also families interested in meeting you at the airport when you arrive back to school in the fall and dropping you off if you leave during the summer. Some would like to take you to Wal-Mart and also to the stores in Columbus that have international foods.

Thank you for being willing to allow us to show you hospitality in our homes and in our country. We are excited you are here and genuinely want to get to know you! Please call me anytime you have any questions at all while you are here. It is my job to assist you and help you find a good fit with the family.

Your Friend,
Stephanie Taylor
Area Coordinator for Eastern Ohio
International Friendships, Inc.
740-297-5789



FRIENDSHIP PARTNER PROGRAM APPLICATION

APPLICANT INFORMATION

Name:		
Date of birth: - - Age:	Student ID:	Phone:
Current address:		
City:	State:	ZIP Code:
Email:		
Home Country:	Major:	Return Home Year:

PERSONAL INFORMATION

Hobbies/Interests:

How often are you able to meet: () Once a Week () Every Other Week () Once a Month

What would you like to learn about American Culture:

Allergies, Special Needs, Diet Restrictions:

Would you accept a family that has pets (most American families do)?

EMERGENCY CONTACT

Name of a relative or school emergency contact:

Address:	Phone:
City:	State: ZIP Code:

WOULD YOU LIKE TO REFER FRIENDS TO THE PROGRAM?

Name	Address	Phone

SIGNATURE

I understand that the Friendship Partners participating in this program are volunteers from both the University and from the surrounding communities who are interested in cultural exchange and are volunteers with International Friendships, Inc.

Signature of Applicant:	Date:
-------------------------	-------