

COLLEGE OF THE ATLANTIC COMMUNITY CONNECTIONS PROGRAM

Student Application

Please save this application as a PDF and submit by email to Monica Hamm (mhamm@coa.edu) by August 1st so we can connect you with a local host family within the fall term.

Instructions for using this form: 1. Please save the PDF to your desktop, 2. Open the form and fill in all of the answers, 3. Save the PDF, 4. Email the saved PDF as an attachment to Monica Hamm (mhamm@coa.edu).

STUDENT INFORMATION				
Name:				
Date of Birth:	I live	□ On campus	□ Off campus	
Home city and country:				
Languages spoken:				
Email address:				
EMERGENCY CONTACT Name:				
Relationship to you:				
Address:				
Phone (home):				
HEALTH AND ALLERGIES Do you have any health conditions or allergies? □ Yes □ No □	If yes, please	explain		
Do you smoke cigarettes regularly? □ Yes □ No				
Do you have food restrictions? □ No, I have no special dietary needs □ Yes, I am a vegetaria	n 🗆 ՝	Yes, I am a vegan		
\square Yes, I have food restrictions. Please state food restrictions, or strong	g food dislikes	(for example, I ca	annot eat pork, beef,	
shellfish, etc):				

HOBBIES
Please list your hobbies and interests
Do you consider yourself □ an introvert? □ an extrovert?
HOST FAMILY PREFERENCES
I prefer a family: □ With small children □ With teenage children □ Without children
Do you mind if your host family member is single? ☐ Yes ☐ No
Do you want to be matched with a family who practices your religion? \Box Yes \Box No
If yes, please indicate your religion:
Do you mind if the family has pets? ☐ Yes ☐ No If yes, which pets bother you?
Do you mind it the family has pets: Tes Inves, which pets bother you:
Is it important that your family live on Mount Desert Island? ☐ Yes ☐ No
What are your expectations/hopes for the Community Connections Program?
Please list any other information you feel would be helpful in selecting a Community Connection family for you:

Please email your saved PDF as an attachment to Monica Hamm (mhamm@coa.edu).

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