

DATA CERTIFICATION

Name _____ M ___ F ___

Date of Birth _____ Present Age _____

Home Address _____

Mailing Address (if different) _____

TEL _____ FAX _____ EMAIL _____

PERSONAL WEBSITE: _____

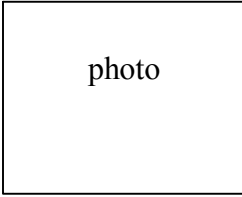
Occupation _____

Business Name _____

Business Address _____

TEL _____ FAX _____ EMAIL _____

BUSINESS WEBSITE: _____



FAMILY MEMBERS

Names

Ages

Relationship

<u>Names</u>	<u>Ages</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MY HOBBIES & INTERESTS: _____

MUSICAL INSTRUMENTS IN MY HOME: _____

ANIMALS/PETS IN MY HOME: _____

Name _____
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ORGANIZATIONS/CLUB MEMBERSHIPS – VOLUNTEER WORK I DO:

WHILE IN HOMESTAY, I AM MOST INTERESTED IN SEEING AND DOING:

HOW I SEE MY OWN CHARACTER/NATURE/PERSONALITY:

WHY I WISH TO VISIT JAPAN: _____

Name _____
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QUESTIONS:

		Yes	No
A	Do you know how to swim well?	___	___
B	Do you like household pets?	___	___
C	Do you wear glasses or contact lenses?	___	___
D	Do you use tobacco?	___	___
E	Do you enjoy alcoholic beverages?	___	___
F	Are you able to sleep on a "Futon" ?	___	___

Please list any FOODS/BEVERAGES you do not like or cannot eat/drink:

IMPORTANT MEDICAL INFORMATION

My Primary Physician's name, address, contact number in The States:

Are you allergic to any of the following?
A FOODS yes___ no___ **C ANIMALS** yes___ no___
B DRUGS yes___ no___ **D INSECT STINGS** yes___ no___

If you answered "Yes" to any of the above, please explain in detail: _____

Please list ALL medications you are presently taking and for what purpose:

Signature of Applicant

Date