



Travel the world through our Global Friendship Program!

Host Application

(* = required)

*Name: _____ Birthday: _____

*Email: _____ Phone: _____

*Address :

How did you hear about our program? _____

What particularly interests you about the Global Friendship Program?

Field of Study/Work: _____

Religious Community or Civic Organization Affiliation (if applicable):

*Will you participate as a family, a couple or an individual? If you participate as a family or couple, please write down your household composition (number, their relationship to you, their ages, and their genders). For individual, please write down your gender.

How many International Friends would you like to be paired with? (minimum of 2): ____

*Please list any pets living with you (if applicable):

*Do you have any dietary restrictions or preferences?

Your interests and hobbies (this information will help us better pair you with your international friends):

Would you like to meet your international friends (e.g.: attend events together, have dinner together, get coffee together, etc.)?

- ____ Once a week or more
- ____ Bi-weekly to once a month
- ____ Once a semester (Minimum expectation)

Participation Disclaimer: By completing this form, you give your consent to share your name, contact information, and other pertinent information with your matched Global Friendship Program friends. ECIR may be photographing or videotaping events in programs. By participating in these programs, participants acknowledge these activities and agree to allow their image to be used by ECIR in its publications, website, and marketing and promotional materials. Participants waive all claims against ECIR for any liability resulting from these uses.