

# ICC

International Cross-cultural Committee

## *Accommodation Form*

Photo

### **Applicant Information**

Name \_\_\_\_\_  
Last First

Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
(PC address only)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Sex: Male / Female (Please circle.)  
Month Day Year

Place of Birth \_\_\_\_\_ Blood Type: \_\_\_\_ Country of Citizenship \_\_\_\_\_

Date In \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Out \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration \_\_\_\_ weeks

### **Emergency Contact**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

### *College Education and Career*

Name of Institution	Major	Period of Study
		From ~
		From ~

## **Your Status**

Do you smoke? Yes / No (Please circle.)

Do you fear or are you allergic to any animals/foods? Yes / No

If yes, what animals/foods? \_\_\_\_\_

(If you are allergic to an animal, you will not be placed in a home with that animal.)

Do you drink alcohol? Yes / No

If "No", would you be comfortable with a host that drinks occasionally?

Yes / No

If "Yes", would you be able to live with a host that does not permit alcohol in their home?

Yes / No

Will you live with children under the age of 18 years old? Yes / No

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### ***Food***

What kinds of food do you like? \_\_\_\_\_

What kinds of food do you dislike? \_\_\_\_\_

Are you allergic to any foods? Yes / No (Please circle.)

If yes, please explain. \_\_\_\_\_

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(Note: Please be understood most of homestay families have pets)

### ***Personality***

Please circle the word(s) that best describe you:

shy / patient / independent (of home and family life) / adventurous / quiet / sociable /  
outgoing

Please describe your personality. \_\_\_\_\_

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### ***Experience Away from Home***

Have you ever traveled to a foreign country? Yes / No (Please circle.)

If yes, please explain (where, how long). \_\_\_\_\_

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## ***Health Information***

1. 現在、ケガや病気で医師の治療・投薬を受けていますか？または、医師から精密検査、定期的な診察、治療・投薬のいずれかをすすめられていますか？

Are you currently receiving any medical treatment, taking any prescription for injuries and/or medical conditions? Or, are you recommended any medical treatment, taking medication, regular medical exams and/or complete medical exams by your doctor?

No  Yes \_\_\_\_\_

2. 医師に診断された慢性的な病気が、過去3年間にありましたか？

In the past three years, are you diagnosed with any chronic medical condition?

No  Yes \_\_\_\_\_

3. 現在、日常的に服用しているお薬はありますか？（市販薬含む）

Are you taking any medication regularly? (Including over-the-counter medications)

No  Yes \_\_\_\_\_

4. アレルギーはありますか？またアレルギーを引き起こす薬はありますか？

Do you have any allergy? Are you allergic to any medication?

No  Yes \_\_\_\_\_

5. その他特記事項

Other comments.

\_\_\_\_\_  
\_\_\_\_\_

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## ***Additional Message***

A message to your future host family or the accommodation staff:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything you feel that the homestay coordinator or the accommodation staff should know about you before arrive?

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**(Applicant's Signature)**

**(Date: Month, Day, Year)**

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