



DATE OF APPLICATION: _____ (MM/DD/YYYY)

PRINCIPAL APPLICANT

Last Name:	First Name:
Home Address:	E-mail:
Neighborhood:	Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed
Place of Employment:	Occupation:
Work Phone:	Cell Phone:
Home Phone:	Work Schedule: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Days <input type="checkbox"/> Nights
Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Date of Birth: _____ (mm/dd/yyyy)

FAMILY MEMBERS (INCLUDING CHILDREN, RELATIVES, BOARDERS, TENANTS AND OTHER STUDENTS)

* If you require additional space, please include on a separate page.

NAME	GENDER	AGE DD/MM/YYYY	RELATIONSHIP	OCCUPATION
1.				
2.				
3.				
4.				
5.				

ABOUT YOU& YOUR FAMILY

Have you ever hosted international students as part of a homestay program? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many, where were they from, for how long, thru what school(s)?
Are you currently hosting any international students? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, how many, what genders, what ages, how long they have been living with you, where are they from?
How many students in total have you hosted in the last year?
Are you currently registered with other homestay programs? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what school(s)? Can we contact the Homestay Program Coordinator? <input type="checkbox"/> YES <input type="checkbox"/> NO
Why do you want to host international students in your home?
What languages are spoken in your home? (Please note that English must be spoken in the home when student is present)
Do you or any occupants in the home smoke? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or any occupants in the home consume alcohol? <input type="checkbox"/> YES <input type="checkbox"/> NO
Are you at home regularly in the evenings? <input type="checkbox"/> YES <input type="checkbox"/> NO
What are some examples of activities you and/or your family do on the weekends?



Briefly describes some any family activities & hobbies and how you would include the student.
What important household routines & rules would your student need to be aware of and prepare to follow?
Do you have friends or family members staying overnight on a regular basis? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:
Does your family attend regular religious services? <input type="checkbox"/> YES <input type="checkbox"/> NO (your response is optional) If yes, please explain:
Is there any other information about your family, ie health related, that may be of importance to share with the student? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or any family member living in the home have any special dietary needs or food allergies? <input type="checkbox"/> Kosher <input type="checkbox"/> Halal <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten-free <input type="checkbox"/> No seafood <input type="checkbox"/> No peanuts/nuts
Do you or any family member living in the home have any other allergies?

ABOUT THE HOME

<input type="checkbox"/> Bi-level <input type="checkbox"/> Bungalow <input type="checkbox"/> Condo <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Split level <input type="checkbox"/> Two-storey
Number of bedrooms available to students: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Number of full bathrooms available to students: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Description of bedroom 1 Location: <input type="checkbox"/> Main Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Basement (Window must meet City By-laws)
Description of bedroom 2 Location: <input type="checkbox"/> Main Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Basement (Window must meet City By-laws)
Description of bedroom 3 Location: <input type="checkbox"/> Main Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> Basement (Window must meet City By-laws)
Are you able to provide the furniture needed for each room? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a fire extinguisher in the home? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have smoke detectors on each level of the home? <input type="checkbox"/> YES <input type="checkbox"/> NO
Please check any features that your home may have: <input type="checkbox"/> Deck/Patio <input type="checkbox"/> Pool/hot tub <input type="checkbox"/> Musical instruments <input type="checkbox"/> Exercise equipment <input type="checkbox"/> Security system <input type="checkbox"/> Other:
Is your basement finished? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a well-functioning washer & dryer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have wireless internet in your home? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have pets? # of Dogs ____ Breed(s): _____ # Cats: ____ Other pets:



TRANSPORTATION TO & FROM SCHOOL

Please use [Navigo – Winnipeg Transit](#) to determine distance and routes.

For the morning, please select: Arrive before 9:00 am, and to return home, please select: Depart after 3:00 pm. (Class time is Monday thru Friday from 9:00 am to 3:00 pm or evenings 3:00 pm – 9:00 pm)

What bus route(s) get to MITT at, 67 Scurfield, 1551 Pembina Highway, 7 Fultz Boulevard, and 130 Henlow Bay? List bus routes below
How many times does the student have to transfer buses? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Direct bus
What is the total travel time by bus from your home to MITT?
How long does it take to walk from your home to the nearest bus stop?
Are there bus routes available to go back home after 9:00 pm? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what bus route(s):
List bus routes:

*Please note that distance is a big factor when placing students. If your home is located farther than 45 minute total travel time my Winnipeg Transit, it may be hard to get a placement. We prefer homes that are on a direct bus or require 1 transfer.

HOSTING PREFERENCES

Gender preferred: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference
Age preferred: <input type="checkbox"/> Minor <input type="checkbox"/> 18-23 <input type="checkbox"/> Over 25 <input type="checkbox"/> No preference
Would you accommodate a student that smokes? <input type="checkbox"/> YES <input type="checkbox"/> NO
Would you be willing to accommodate students with special dietary needs? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what type of meals would you provide? <input type="checkbox"/> Kosher <input type="checkbox"/> Halal <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten-free <input type="checkbox"/> Allergy adapted (seafood, peanuts etc.)
What would be your ideal student?

AVAILABILITY

Which of the following terms are you interested in hosting? <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> All
How long are you able to host? <input type="checkbox"/> 2 months <input type="checkbox"/> 3 – 6 months <input type="checkbox"/> Over 6 months <input type="checkbox"/> Open
Are you looking to host? <input type="checkbox"/> Short-term <input type="checkbox"/> Long-term <input type="checkbox"/> No preference
How many students from MITT are you interested in hosting? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Other comments:



REFERENCES

Please include 3 people that can support your application. Acceptable references are from supervisors, co-workers and friends. References from family members will NOT accepted.

Reference 1

Name:	Relationship to you:
Address:	City/Province:
Postal Code	Phone:
Occupation:	Place of Employment:
Work Phone:	How long?
E-mail:	

Reference 2

Name:	Relationship to you:
Address:	City/Province:
Postal Code	Phone:
Occupation:	Place of Employment:
Work Phone:	How long?
E-mail:	

Reference 3

Name:	Relationship to you:
Address:	City/Province:
Postal Code	Phone:
Occupation:	Place of Employment:
Work Phone:	How long?
E-mail:	

HOW DID YOU GET TO KNOW ABOUT OUR HOMESTAY PROGRAM?

- Website Radio Spot Social Media Community Board/printed advertisement Friend/relative Co-worker

Other: _____



CRIMINAL RECORD CHECK WITH VULNERABLE SECTOR SCREENING

All residents of the home over the age of 18 years old must submit a Criminal Record Check with Vulnerable Sector Screening from the Winnipeg Police. An original certificate by the Winnipeg Police containing a validation sticker obtained within the last 6 months, must be submitted to MITT before an application can be approved. Updated certificates may be requested periodically.

DISCLAIMERS

I understand that if the Criminal Record Check with Vulnerable Sector Screening for ALL members of the household is not clear, I will not be eligible to register as a homestay family with Manitoba Institute of Trades & Technology. **Initials** _____

I understand that if there are any changes to the information contained in this application, the changes must be immediately reported to the Student Life Officer at Manitoba Institute of Trades & Technology. **Initials** _____

In consideration of Manitoba Institute of Trades & Technology accepting this application, I/we for myself/ourselves, my/our heirs, executors, administrators and assigns release Manitoba Institute of Trades & Technology, its respective servants, agents or employees from any claims, demands, actions or causes of actions arising out of or in consequence of any loss, injury, or damage to my person or property incurred while acting as a homestay family. Without limiting the foregoing, I/we release Manitoba Institute of Trades & Technology from any damages caused by the homestay student.

Initials _____

In consideration of Manitoba Institute of Trades & Technology accepting this application, I/we for myself/ourselves, my/our heirs, executors, administrators and assigns release Manitoba Institute of Trades & Technology, its respective servants, agents or employees from any claims, demands, actions or causes of actions arising out of or in consequence of acting as a homestay family. **Initials** _____

I/we understand that families participating in the Manitoba Institute of Trades & Technology Homestay Program are responsible for their own insurance coverage with reference to hosting an international student. **Initials** _____

I/we understand that Manitoba Institute of Trades & Technology only provides compensation to families who have been paired with students and I/we understand that even if this application is accepted by Manitoba Institute of Trades & Technology, Manitoba Institute of Trades & Technology does not guarantee that I/we will be paired with a student. **Initials** _____

I declare that all information contained in this application is accurate and true. **Initials** _____



MITT HOMESTAY PROGRAM – HOST APPLICATION

I declare that I have read, understood and agree to all terms and conditions of the Manitoba Institute of Trades & Technology Homestay Program as stated in the Guidelines for Hosts and on this application.

Initials _____

HOST FAMILY DECLARATION (to be completed and signed by all individuals over 18 years of age)

I confirm that I, and anyone residing in my home, have never committed, nor been convicted of:

- An offence related to the care of minors
- An offence of a sexual nature against any person
- An offence involving violence
- An offence involving sale of drugs

I further agree that I, and anyone residing in my home will notify Manitoba Institute of Trades & Technology within 7 days if I or anyone in my home is charged with any offence, following the submission of the Criminal Record Check(s).

1. Name: _____ Signature: _____ Date: _____

2. Name: _____ Signature: _____ Date: _____

3. Name: _____ Signature: _____ Date: _____

4. Name: _____ Signature: _____ Date: _____

5. Name: _____ Signature: _____ Date: _____

The information collected will be used to create a family profile for the student (or agent). Elements of your personal information may be used to send you program information, and college events. This information is protected by the Protection of Privacy provisions of The Freedom of Information and Protection of Privacy Act (FIPPA).

For questions regarding the homestay program, please contact:

Student Life Coordinator

Phone. (204) 989-7199

homestay@mitt.ca

For emergencies only: Phone: (204) 479-4643