



HOST FAMILY APPLICATION

At this time we are only accepting applications for homes in Spokane County

LAST NAME: _____ **FIRST NAME:** _____

Cell Phone: _____ Home Phone: _____

Occupation: _____ Hours: _____

LAST NAME: _____ **FIRST NAME:** _____

Cell Phone: _____

Occupation: _____ Hours: _____

FULL ADDRESS: _____

PRIMARY EMAIL ADDRESS: _____

LIST ALL OTHER MEMBERS OF YOUR HOUSEHOLD:

Name: _____ Age: _____ Male _____ Female _____

Name: _____ Age: _____ Male _____ Female _____

Name: _____ Age: _____ Male _____ Female _____

Name: _____ Age: _____ Male _____ Female _____

Name: _____ Age: _____ Male _____ Female _____

DOES ANYONE IN YOUR HOUSE USE TOBACCO PRODUCTS:

ARE THERE ANY ALLERGIES IN YOUR HOUSEHOLD: **PLEASE LIST:** _____

COULD YOU TAKE A PLAYER WITH FOOD ALLERGIES:

DO YOU HAVE PETS: Yes or No **PLEASE LIST TYPES:** _____

DO YOU HAVE FULL WIRELESS INTERNET AVAILABLE:

DO YOU KNOW ANY CURRENT HOST FAMILIES, IF SO WHO: _____

DO YOU OWN YOUR HOME:

HAVE YOU EVER PARTICIPATED IN A HOST PROGRAM IN THE PAST? IF YES, PROVIDE DETAILS:

HOW MANY PLAYERS WOULD YOU LIKE TO HOST: _____

NOTE:

Each player must have their own bedroom

Bathrooms can be shared only with another player or members of the household of like age/gender

No household members that are school age girls aged 13 or over

Player placement is subject to change based on the needs of the player and/or the team

Players are not guaranteed to return to your home the following season

Please complete this application and return it to Yvonne Thiede, Host Family Facilitator: ythiede@spokanechiefs.com
Applications will be reviewed and you will be contacted via email to schedule an interview.

Thank you for your interest in the Spokane Chiefs Host Family Program