

**Important for Hosting Committees: This form is NOT TO BE SHOWN TO THE HOST FAMILY AND THE CANDIDATE AS IT CONTAINS CONFIDENTIAL INFORMATION.**

Please provide additional information on a separate piece of paper if you wish.

Candidate Name (First/Middle/Last) \_\_\_\_\_ Thailand  
Home Country

**1 ENVIRONMENTAL INFORMATION: CHECK BOX THAT BEST DESCRIBES CANDIDATE'S AREA OF RESIDENCE**

- Urban  Suburban area  Small town  Rural area  
What is the neighborhood socio-economic level:  Upper  Medium  Lower

Name of the closest large city \_\_\_\_\_ Distance \_\_\_\_\_ Population \_\_\_\_\_

**2 HOME ENVIRONMENT**

Who lives at home? \_\_\_\_\_

Comment on any situation within the family which is important to know for placement purposes (e.g. if this is a single parent home, please talk about the child's other parent and the relationship). \_\_\_\_\_

Please comment on the cleanliness and organization of the home. \_\_\_\_\_

Education level of parents:  Some secondary school  Completed secondary school  College  Graduate level

**3 FAMILY COMMUNICATION/INTERESTS**

Please check all that apply:

- |   |   |                                 |   |  |
|---|---|---------------------------------|---|--|
| <input type="checkbox"/> Mother-dominant                | <input type="checkbox"/> Permissive           | <input type="checkbox"/> Noisy  | <input type="checkbox"/> Sports-oriented  | <input type="checkbox"/> Community-oriented  |
| <input type="checkbox"/> Father-dominant                | <input type="checkbox"/> Strict               | <input type="checkbox"/> Quiet  | <input type="checkbox"/> Religious        | <input type="checkbox"/> Individual pursuits |
| <input type="checkbox"/> Shared parental responsibility | <input type="checkbox"/> Children independent | <input type="checkbox"/> Casual | <input type="checkbox"/> Education valued | <input type="checkbox"/> TV-centered         |
| <input type="checkbox"/> Demonstrative                  | <input type="checkbox"/> Traditional          | <input type="checkbox"/> Formal | <input type="checkbox"/> Career-oriented  | <input type="checkbox"/> Other(s) _____      |
| <input type="checkbox"/> Undemonstrative                | <input type="checkbox"/> Protective           | <input type="checkbox"/> Busy   | <input type="checkbox"/> Arts             | _____  |

What are the family's shared activities? \_\_\_\_\_

**4 CANDIDATES PERSONALITY**

Comment on the candidate's attitude towards school: \_\_\_\_\_

What are the candidate's main activities and how many times a week are they pursued? \_\_\_\_\_

Please check all that apply:

- |                                      |   |                                    |  |  |   |                                      |
|--------------------------------------|---|------------------------------------|--|--|---|--------------------------------------|
| <input type="checkbox"/> Introverted | <input type="checkbox"/> Studious       | <input type="checkbox"/> Loner     | <input type="checkbox"/> Talkative           | <input type="checkbox"/> Patient         | <input type="checkbox"/> Group oriented     | <input type="checkbox"/> Musical     |
| <input type="checkbox"/> Extroverted | <input type="checkbox"/> Flexible       | <input type="checkbox"/> Shy       | <input type="checkbox"/> Late night person   | <input type="checkbox"/> Moody           | <input type="checkbox"/> Independent        | <input type="checkbox"/> Artistic    |
| <input type="checkbox"/> Fun-loving  | <input type="checkbox"/> Easy to please | <input type="checkbox"/> Organized | <input type="checkbox"/> Early to bed        | <input type="checkbox"/> Leader          | <input type="checkbox"/> Computer interests | <input type="checkbox"/> Reader      |
| <input type="checkbox"/> Adventurous | <input type="checkbox"/> Noisy          | <input type="checkbox"/> Untidy    | <input type="checkbox"/> Individual pursuits | <input type="checkbox"/> Follower        | <input type="checkbox"/> Service oriented   | <input type="checkbox"/> Religious   |
| <input type="checkbox"/> Humorous    | <input type="checkbox"/> Quiet          | <input type="checkbox"/> Listener  | <input type="checkbox"/> Group activities    | <input type="checkbox"/> Eager to please | <input type="checkbox"/> Dancer             | <input type="checkbox"/> Other _____ |

**5 PLACEMENT PLEASE CHECK BOX OF ANY CANDIDATE RESTRICTIONS LISTED BELOW:**

- Dietary  Medical/allergies  Smoking  Religious access

Where a box has been checked please provide additional details: \_\_\_\_\_

Please comment on the type of placement that would assist the candidate to have a successful AFS experience: \_\_\_\_\_

Do the volunteers in your area support this candidate?  Yes  No

Was an in-home informational interview conducted with the candidate and family?  Yes  No Date: \_\_\_\_\_

Other comments: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer Name Printed: \_\_\_\_\_ Email: \_\_\_\_\_