

Placement Information

1. MEDICAL REQUIREMENTS AND HEALTH RESTRICTIONS	
Do you have physical restrictions, impairments or allergies that will limit placement options or participant in everyday family and / or school activities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain : _____ _____ _____	
Please check the appropriate boxes if you CANNOT live with:	
CATS <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors DOGS <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors OTHER <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors Please indicate the name of other pets : _____	If you have checked that you CANNOT live with a pet, please indicate why: <input type="checkbox"/> Allergy <input type="checkbox"/> Fear <input type="checkbox"/> Religion _____ _____ _____
2. DIETARY REQUIREMENTS	
Do you have dietary restrictions, including for medical, religious reasons or self-imposed reason? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain : _____ _____ _____	
If you are a vegetarian, are you willing to eat : <input type="checkbox"/> Fish <input type="checkbox"/> Poultry <input type="checkbox"/> Dairy Being a vegetarian for self imposed reasons can create in many countries severe difficulties to find host families. We strongly recommend to thoroughly thinking about continuing self imposed eating habits. If you wish not to change your eating habits then please make sure to include them in your <u>letter to host family</u> . Even if you have dietary restrictions for medical and religious reasons, please make sure in the "Introduction to host family" to describe what you are and not eating.	
3. RELIGIOUS AFFILIATION	
What is your religious affiliation, if any? _____ How often do you participate in structured religious services? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally <input type="checkbox"/> Never Bearing in mind that it is likely your host family will have different religious affiliation, how strongly do you feel about having access to structured religious services of your own faith? <input type="checkbox"/> Required <input type="checkbox"/> Not Necessary	
4. SMOKING	
Do you smoke cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No Would you abstain during your AFS program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes in smoking question, please understand that it is illegal in many countries for youth to purchase and/or smoke cigarettes. Additionally, most AFS host families will not accept a participant who smokes.	
5. DISCLAIMER	
I understand that host countries may not be able to accommodate the restrictions or requirements indicated in the completed application and that acceptance on the AFS program is not a guarantee that these preferences can be honored. I further understand that I may not be eligible to participate in athletic teams related to my host school or community. Candidate Signature : _____ Date : DD/MMM/YYYY <i>(Signature as listed on passport)</i>	
Parent / Guardian Signature : _____ Date : DD/MMM/YYYY <i>(Signature as listed on legal document)</i>	
Parent / Guardian Signature : _____ Date : DD/MMM/YYYY <i>(Signature as listed on legal document)</i>	
<i>(Parent / Guardian signatures are required for all secondary school programs and candidates not of legal age in country of residence.)</i>	