

Thank you for your willingness to host the Matsiko World Orphan Choir children and staff. It is our intent to offer the children the best environment possible. We appreciate your cooperation in providing the following information in order to meet our goal.

| Last Name | |
|------------------|--|
| Last Name | |
| | |
| | |
| State | Zip Code |
| Cell Phone | |
| | |
| M/F | Age |
| I/F Age Relation | |
| | Last Name State Cell Phone M/F M/F |

| Host Family Name: |
|---|
| ABOUT YOUR HOME: Do you live in: House Apartment Other How many bedrooms? Bathrooms |
| What is your preference for the number of children and adults you would like to host? |
| #Girls #I #A ts Most Needed |
| All children are accompanied with a chaperone and never by themselves. Minimum is 2-3 (No guarantees we will be able to accommodate all requests). |
| Do you speak Spanish? Yes No |
| Will the choir team have their own room? Yes No |
| If not, whom will they be rooming with? |
| ABOUT YOUR FAMILY: Church or Organization Affiliation: |
| Do you have pets? Yes No If so, How Many? |
| What kind? |
| Kept where? |
| Does any member of the family have a serious illness, disability, nervous or mental disorder? |
| If yes, please explain |
| Has any family member living with you been convicted of a felony? |
| Does anyone living with you have a drug/alcohol problem? |
| AGREEMENT By signing below, I agree to abide by decisions and policies of MCI staff and I do hereby authorize local and/ federal enforcement officials to disclose criminal history record information for the purpose of becoming eligible to be a host family. Birth date is required for criminal record check. |
| Host Mother's Signature: Birth date: |
| Host Father's Signature: Birth date: |
| Other Adult Member:Birth date: |