



CULTURAL HOMESTAY INTERNATIONAL

104 BUTTERFIELD RD. • SAN ANSELMO, CA 94960-1565

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CHI ID Code

IP/TP/HP

INTERSHIP / TRAINING / HOSPITALITY PROGRAM

PARTICIPANT PROFILE



Please note: The duration is a minimum of 3 months and a maximum of 12 months.

- Self-Arranged Paid Placement only Paid Placement & Housing
 Unpaid Placement Unpaid Placement & Housing

PROGRAM INFORMATION

First name: _____ Middle name: _____ Last name: _____

Date of application: _____ 20_____

Requested arrival & departure dates: From _____ to _____

Will you participate in a Language school Program? Yes ___ No ___ From _____ To _____

Please note: Placement set-up time is up to 12 weeks. Requested career field: _____

Paid Internship applicants are limited to the following career fields (please check one box): Architecture Marketing
 Business Management Civil Engineering Information Technology Hospitality & Tourism

PERSONAL INFORMATION

Gender: Male Female

Date of Birth mm/dd/yyyy: _____ Age: _____ City of Birth _____

Permanent Home address: _____ Postal code: _____

City: _____ Country: _____

Home phone: Country code (____) City code: _____ Home phone number: _____

Mobile number: Country code (____) City code: _____ Phone number: _____

E-mail: _____

Country issuing passport (your citizenship): _____

Passport number: _____ Expiration: _____

Have you ever been to the USA? Yes No If yes, when? _____ Duration: _____ What kind of U.S. Visa? _____

Parent, Guardian, Emergency contact (English speaking):

First name: _____ Middle name: _____ Last name: _____

Relationship: _____ Telephone number: _____

Alternative emergency contact telephone number: _____

Do you have an international driver's license? Yes No Please provide Driver's license number: _____

Do you take any medication regularly? Yes No If yes, please explain what kind and for what condition: _____

Do you have any allergies? Yes No If yes, explain: _____ Do you have any dietary restrictions? Yes No

Have you ever been convicted of a crime? Yes No

Do you smoke? Yes No

Do you have any chronic health condition which would limit your ability to perform in the workplace? Yes No If yes, please explain: _____

ACADEMIC BACKGROUND

High school graduate? Yes Year: _____ No

Highest level of post-high school education: Undergraduate Graduate Doctorate Date of Graduation: _____

Studies in progress or completed at: University Business school Technical school

Name of institution and location: _____

Area of concentrated studies: _____

Reminder: Submit a certificate of enrollment

Advanced or supplemental course work completed: _____

English level: Fluent Good working knowledge Simple conversational level (*Less than an intermediate level is unsatisfactory.*)

How many years? _____ Other foreign languages: _____

Applicant's signature: _____ Date: _____

Partner agency name: _____

Email address of partner who interviewed applicant: _____