



VOLUNTEER HOST APPLICATION

APRIL - SEPTEMBER 2018

HOST CONTACT INFORMATION

LAST NAME:		FIRST NAME:	
MAILING ADDRESS:			
CITY:		STATE:	ZIP CODE:
CELL PHONE #:		LANGUAGES SPOKEN:	
HOME PHONE #:			
EMAIL ADDRESS:			

HOST PROPERTY INFORMATION

ACCOMODATION TYPE: <input type="checkbox"/> Room(s) <input type="checkbox"/> Condo <input type="checkbox"/> Cabin <input type="checkbox"/> Camper Hook Up <input type="checkbox"/> Other <input type="checkbox"/>			
NAME OF PROPERTY (Farm, Camp, House etc):			
STREET ADDRESS:			
CITY:		STATE:	ZIP CODE
HOW MANY VOLUNTEERS CAN YOU HOST? <input type="text"/>			
Will someone else be staying in this domicile while it is being used by the Volunteer? (X next to) <input type="checkbox"/> Yes <input type="checkbox"/> No			
TOTAL # OF BEDROOMS AVAILABLE: <input type="text"/>		TOTAL # OF BATHROOMS AVAILABLE: <input type="text"/>	
NUMBER OF BEDS IN EACH ROOM:			
Room 1: <input type="text"/> King <input type="text"/> Queen <input type="text"/> Double <input type="text"/> Single <input type="text"/> Sofa Bed <input type="text"/> Ensuite Bath <input type="text"/>			
Room 2: <input type="text"/> King <input type="text"/> Queen <input type="text"/> Double <input type="text"/> Single <input type="text"/> Sofa Bed <input type="text"/> Ensuite Bath <input type="text"/>			
Room 3: <input type="text"/> King <input type="text"/> Queen <input type="text"/> Double <input type="text"/> Single <input type="text"/> Sofa Bed <input type="text"/> Ensuite Bath <input type="text"/>			
HANDICAP ACCESSIBLE? <input type="checkbox"/> Yes <input type="checkbox"/> No		PRIVATE ENTRANCE: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PARKING: <input type="checkbox"/> On Property <input type="checkbox"/> On Street <input type="checkbox"/> Not Available		KITCHEN AVAIL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WiFi AVAILABLE? <input type="checkbox"/> Yes <input type="checkbox"/> No		LAUNDRY AVAILABLE: <input type="checkbox"/> Yes <input type="checkbox"/> No	
DATES AVAILABLE:			
Check In Date: <input type="text"/>		Check In Time: <input type="text"/>	
Check Out Date: <input type="text"/>		Check Out Time: <input type="text"/>	
Check In Date: <input type="text"/>		Check In Time: <input type="text"/>	
Check Out Date: <input type="text"/>		Check Out Time: <input type="text"/>	
GUEST PREFERENCES (please indicate the maximum number of people for each category):			
ALL MALE: <input type="text"/>		ALL FEMALE: <input type="text"/>	
COED: <input type="text"/>		COUPLE: <input type="text"/>	
FAMILY: <input type="text"/>			

HOUSE RULES:

GUESTS ARE NOT ALLOWED TO BRING ANY TYPE OF PET

GUESTS ARE NOT ALLOWED TO SMOKE IN THE ACCOMODATION OR ON THE PROPERTY

COMMENTS/QUESTIONS: