

Saint Catherine University

Friendship Family Program

Information Questionnaire

Today's date:

Please list the first and last names of all immediate family members, and ages of children:

Home street address:

City, State, Zip:

Home Phone:

Work Phone:

Email address:

1. What members of your family might your students meet and spend time with?

2. What hobbies/activities do you enjoy? What family activities might you invite your student to attend?

3. What international experiences do you have?

4. Do you have any pets?

No

Yes, If yes, please list.

5. Do you smoke?

No

Yes

6. What is your occupation(s)?

7. Are you willing/able to pick your student up from the airport?

No

Yes

8. Have you ever been involved in the Friendship Family Program at St. Catherine University?

No

Yes, If yes, which years?

9. Any additional information you would like the student to know?

Please return completed application to:

Norah V. Hoff
MIPS Office
2004 Randolph Ave., #F29
St. Paul, MN 55105
nvhoff@stkate.edu