

ICC

International Cross-cultural Committee

Accommodation Form

↑ 写真貼付

Applicant Information

Name _____

Last

First

Permanent Address _____ Phone _____

E-mail _____

(gmail address only)

Date of Birth _____ / _____ / _____ Age _____ Sex: Male / Female (Please circle.)

Month Day Year

Place of Birth _____ Blood Type: _____ Country of Citizenship _____

Emergency Contact

Name _____ Relationship to you _____

Address _____

Phone _____

College Education and Career

Name of Institution	Major	Period of Study
		From ~
		From ~

Your Status

Do you smoke? Yes / No

Are you allergic to any animals? Yes / No

If yes, what animals? _____

(If you are allergic to an animal, you may limit our suitable host options and increase the travel distance to your internship company/organization.)

Do you drink alcohol? Yes / No

Will you live with children under the age of 8 years old? Yes / No

Food

What kinds of food do you like? _____

What kinds of food do you dislike? _____

Are you allergic to any foods? Yes / No

If yes, please explain. _____

Personality

Please circle the word(s) that best describe you:

shy / patient / independent (of home and family life) / adventurous / quiet / sociable / outgoing

Please describe your personality. _____

Hobbies/Special Skills

Please describe your hobbies and special skills to tell your homestay family.

Experience Away from Home

Have you ever traveled to a foreign country? Yes / No

If yes, please explain (where, how long). _____

Health Information

1. 現在、ケガや病気で医師の治療・投薬を受けていますか？または、医師から精密検査、定期的な診察、治療・投薬のいずれかをすすめられていますか？

Are you currently receiving any medical treatment, taking any prescription for injuries and/or medical conditions? Or, are you recommended any medical treatment, taking medication, regular medical exams and/or complete medical exams by your doctor?

☐ No ☐ Yes _____

2. 医師に診断された慢性的な病気が、過去 3 年間にありましたか？

In the past three years, are you diagnosed with any chronic medical condition?

☐ No ☐ Yes _____

3. 現在、日常的に服用しているお薬はありますか？（市販薬含む）

Are you taking any medication regularly? (Including over-the-counter medications)

☐ No ☐ Yes _____

4. アレルギーはありますか？またアレルギーを引き起こす薬はありますか？

Do you have any allergy? Are you allergic to any medication?

☐ No ☐ Yes _____

5. その他特記事項

Other comments.

Additional Message

A message to your future host family or the accommodation staff:

Is there anything you feel that the homestay coordinator or the accommodation staff should know about you before arrive?

(Applicant's Signature)

(Date: Month, Day, Year)
