



## HHS China Program Application

Please type answers.

Personal information	
Name :	First:
	Middle:
	Last:
Date of birth:	Day:_____ Month:_____ Year:_____
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Height : _____ cm	Weight : _____ kg
Nationality:	
Ethnicity: (please select one)	<input type="checkbox"/> African American/Black (Not of Hispanic Origin) <input type="checkbox"/> White (Not of Hispanic Origin) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic
Religion:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what's your religion? _____ How often do you attend religious services? _____
Email address:	
Skype ID:	
The best time to contact you:	
Home phone/landline: (national code +area code +number)	
Mobile phone: (national code +area code +number)	
Contact address:	Street:
	City:
	State:
	Postal code:
	Country:
Emergency contact information:	Name:
	Relation:
	Phone:
	Does this person speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No
Earliest arrival date:	Day:_____ Month:_____ Year:_____
Last arrival date:	Day:_____ Month:_____ Year:_____
Length of stay	<input type="checkbox"/> 3m <input type="checkbox"/> 6m <input type="checkbox"/> 12m <input type="checkbox"/> other
Native language:	



Chinese level:	<input type="checkbox"/> Never learned <input type="checkbox"/> 0-50 vocabularies <input type="checkbox"/> 50-150 vocabularies <input type="checkbox"/> 150-300 vocabularies <input type="checkbox"/> >=300 vocabularies <input type="checkbox"/> More than 800 vocabularies	
Other languages:	Languages	level
		<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
		<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
		<input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
<b>Health information</b>		
Do you have any pre-existing medical problems or disabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:		
Do you have any allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:		
Do you have any physical or medical restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:		
Do you take medications or drugs regularly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:		
Have you ever needed treatment, counseling or hospitalization for a psychological or psychiatric condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:		
Are you currently recovering from an injury or chronic diseases (HIV positive, Hepatitis etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give more details:		
Have you ever suffered from or sought treatment for depression, alcoholism, drug addiction or an eating disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:		
Please describe yourself:	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Smoker <input type="checkbox"/> Occasional/social smoker If social smoker, how often?	



If you do smoke, can you agree not to smoke in your host family's home and whenever responsible for and with the children?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Have you ever been convicted of a felony or misdemeanor not including traffic violations?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please explain:					
Do you have any dietary restrictions?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please explain:					
What countries or other places have you ever traveled to / lived in?					
If yes, please indicate when, where, why and for how long?					
<b>Family Information</b>					
<b>Parents</b>					
	Name	Occupation	Phone Number	Mailing Address	
Father					
Mother					
<b>Siblings</b>					
Name		Relation		Year of Birth	
<b>Education &amp; Employment History</b>					
<b>Educational Background</b>	Please specify your educational information below (from the highest level)				
	University/College/School name	Dates from	Dates until	Major	Degree



<b>Employment history</b> (Other than work caring for children, have you had any other job/employment?)	1. Job Title		Employer	
	Dates from		Dates until	
	Responsibilities:			
	2. Job Title		Employer	
	Dates from		Dates until	
	Responsibilities:			
	3. Job Title		Employer	
	Dates from		Dates until	
	Responsibilities:			
<b>Hobbies &amp; Interests</b>				
Do you play any sports? How often / how well?				
Have you ever coached or competed at an advanced level?				
Do you have any special talents or skills?				
Do you have any experience teaching or tutoring? Be specific.				
What is the age range of children you've cared for?				
What experience do you have interacting with or caring for children? Be specific.				
Please describe your experience with household duties (cooking, cleaning, etc.):				
Do you mind living with a host family that follows a special diet (e.g. vegetarian, Muslim, etc.) ?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you mind living with pets?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list what pets you cannot live with and the reason:				

Applicant signature:

Date:



### **Personal letter**

Please write a personal letter to your future host family. This should be more than 600 words long. This is a chance to show off your personality so make it something you can be proud of.

Dear Host Family,



**HHS Center** www.hhscenter.com  
Discover, Understand, Embrace Real China!



**aupair-agency.com**