



## WRCA LONG HOME STAY APPLICATION FORM

The questions on this form are intended to assist White Rock Christian Academy in selecting families that are the best fit for the program and the best match for the student. They are also meant to assist families in determining whether or not they feel the program is a good fit for them.

If your family is a good fit for our program, you will be contacted to set up an interview and home inspection.

Family Name:

Address:

City:

, B.C.

Postal Code:

Home Phone:

Father (name):

Date of Birth:

Occupation:

Cell No.:

Mother (name):

Date of Birth:

Occupation:

Cell No.:

Parent who will be the program's primary contact:

Mother

Father

Email address of primary contact for this program:

Can we add you to the WRCA weekly newsletter?

Yes

No

### FAMILY INFORMATION & STUDENT PREFERENCES

Would you prefer:    Male    Female    Explain:

How open are you to accepting a student of the other gender?

Not at all

Somewhat

We are open to either gender



Describe a typical breakfast, lunch and supper at your house:

Breakfast:

Lunch:

Supper:

Work schedule of father:

Work schedule of mother:

Parent’s evening commitments (i.e. meetings, work, classes):

Mom	1-3 times/week	4-5 times/week	6-7 times/week
Dad	1-3 times/week	4-5 times/week	6-7 times/week

Children’s afterschool, evening or weekend commitments:

What activities?

How many hours per week?

List 4 adjectives that would accurately describe your family (e.g.: athletic, musical, outdoorsy, organized, chaotic, fun-loving, noisy, etc.)

- 1.
- 2.
- 3.
- 4.

How do you resolve conflict in your home?

Do you have any regular family vacations you take every year?

Rough dates:

Location:

Activities:

**HEALTH CONCERNS**

Are you willing to adapt for dietary requirements?      Yes      No

Does anyone in your family have allergies requiring dietary adjustments?      Yes      No

If so, who and what allergies?

Are there any of the following air quality or allergy inducing factors in your home or on your property?

Smokers?      Yes      No  
Pets?      Yes      No Kind & size:  
Mold?      Yes      No Explain:  
Renovations?      Yes      No Explain:

Other

Does any family member have any health issues that might pose a challenge to hosting a student?

Yes      No Explain:

Are there any current physical, mental or emotional situations that could hinder the care, safety and responsibility for the student (this includes situations within the home or that may arise due to friends or relatives who are frequently at the home)?

Yes      No

If so, please explain (include whether or not the individual resides in your home):

### SPIRITUAL SUPPORT

We attend church      times/month.

Name of our church:

Our children attend church functions (e.g. youth group) on a regular basis?

Yes      No      Name of group they attend:

We, as parents, are involved in our church.      Yes      No

Describe:

We understand that we are Christ's hands and feet to the student.      Agree      Disagree

We will strive to demonstrate and teach our students the following key concepts:

1) To love the Lord with all of our hearts, souls, minds, strength      Agree      Disagree

2) To love our neighbours as ourselves      Agree      Disagree

## REFERENCES

Please provide 2 references (not related to you; a pastoral reference is preferred).

### Reference 1

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Reference 2

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

## DOCUMENTS REQUIRED

Please note that your application is not considered complete until we have the following documentation:

### DRIVING

- 1) Drivers extract (Available from the ICBC website)
- 2) WRCA Volunteer Driver Authorization Application

### VULNERABLE SECTOR CRIMINAL RECORD CHECK

- Please visit <http://www.rcmp-grc.gc.ca/en/criminal-record-checks> for information on how to obtain a record check. Be sure to obtain a **Vulnerable Sectors Check**.
- Must be completed for all individuals living in the home above the age of 18.
- Adult family members living in an adjacent suite (basement suite etc.) must also supply one.
- Photocopies of Record Checks for previous homestay applications or other positions (Sunday School, work with adults with developmental disabilities, Police, Border Guard, Doctor or RN, etc.) are accepted.
- Record Checks must be completed every 5 years.
- White Rock Christian Academy cannot provide a letter to request the fee is waived as hosting is a paid position.

Father Signature

Name

Date

Mother Signature

Name

Date