

**INTERNATIONAL FRIENDSHIP PROGRAM
CALIFORNIA STATE UNIVERSITY, FRESNO**

AMERICAN FRIENDSHIP PARTNER APPLICATION

Application Date: _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: (optional) _____

Email Address: _____
(please print neatly)

Please check one: Married Single

Age group: 20-35 36-50 51+

Your Occupation: _____ Daytime Phone: _____

Spouse's Occupation: _____ Daytime Phone: _____

Educational Institutions attended _____

Names and ages of children: _____

Hobbies/special interests/music preference: _____

Languages spoken: _____

Countries traveled in: _____

Do you have family pets? If so what kind(s)? _____

Name of Organization/Church affiliation? _____

Countries interested in: 1st choice: _____ 2nd choice: _____ 3rd choice: _____ Any: _____

Student Preference: Male _____ Female _____ # of students: _____

OFFICE USE ONLY			
STUDENT #	STUDENT NAME	COUNTRY	DATE ASSIGNED:
Date Sent: _____		Family Database #: _____	Orientation Date: _____

