

Tokyo International University of America

1300 Mill Street SE, Salem, OR 97301

(503) 373-3300

Tomodachi Program – APPLICATION FORM

To participate in the Tomodachi Program, you will need to submit this application. Upon receiving it, I will notify Advanced Reporting (affiliated with MaPS) and they will send you an email (from me) asking you to get a Criminal Background Check. You go to a link they provide and submit your information. I will only hear back if something comes up during the check. Background checks will be run every three years, so it's possible you may not need to do one this year.

Also, the program has changed this year, so please read this to make sure you are aware of how the program is different.

The program will now be run twice during the year – once in the Spring semester and again in the Fall semester. At the end of June, students and/or host participants have the option of opting out and being finished. Hopefully this will serve as motivation for both sides to participate more. Students that weren't able to be matched in the Spring will have the first assignments in the Fall semester. So, hosts can choose to participate for only one semester, or plan to participate all year, assuming things are going well.

* Program Participation: _____ All Year _____ Spring _____ Fall _____ Any

First Name Last Name Date of Application

Spouse's Name E-mail Address:

Street Address (P.O. Box & Zip Code—If applicable)

City, State and Zip Code Home Phone Number

Occupation Work Phone Number

Spouse's Occupation Work Phone Number

Name and Age of Children (Still living at home):

Do you have pets in your home? _____ No _____ Yes (please list)

Type of food that is a favorite in your home: _____

Sports your family members enjoy: _____ Basketball _____ Football _____ Baseball

_____ Tennis _____ Golf _____ Soccer _____ Ski (snow) _____ Water Sports

_____ Badminton Other: _____

What are some "typical" weekend activities for you and your family? _____

Specific hobbies or interests of family members: _____

Any restrictions regarding your participation in this program? _____

Any additional information you may want to provide or comments you wish to make:

What are your preferences?

_____ One student _____ Two students

_____ Male _____ Female _____ No preference

_____ Smoking not permitted _____ Smoking permitted

_____ Drinking not permitted _____ Drinking (if 21) permitted

PLEASE RETURN THIS FORM TO:

TIUA, Attention: Barby Dressler, 1300 Mill St. SE, Salem, OR 97301

Or -e-mail: bdressle@willamette.edu

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