

Tokyo International University of America

1300 Mill Street SE, Salem, OR 97301

(503) 373-3300

**Tomodachi Program
APPLICATION**

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**

Other: _____

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

Specific hobbies or interests of family members: _____

What type of setting is your home located in? _____ City Neighborhood

_____ Apartment Life _____ Small Town Community _____ Farm

Countries interested in: _____

Countries traveled in: _____

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 list two references that we may contact:

1. _____
Name Address Phone

2. _____
Name Address Phone

Friends that might be interested in knowing more about the Tomodachi Program. Thanks!

1. _____
Name Address Phone

2. _____
Name Address Phone

PLEASE RETURN THIS FORM TO:
TIUA, Attention: Barby Dressler, 1300 Mill St. SE, Salem, OR 97301

Rev. 1/10



YOUR VOLUNTEER SERVICE AUTHORIZATION

(Each person over 18 years old living in the household must complete this form.)

I understand that Advanced Reporting will be preparing my criminal history report and I authorize them to obtain criminal history information on me. I authorize Tokyo International University of America to release to Advanced Reporting all information necessary to complete said report. I certify that the facts and information in this form and any attachments are true and complete to the best of my knowledge. All records will remain confidential.

Dated this _____ day of _____, 20__.

Applicant Signature: _____

Print Applicant Name: _____

Date of Birth: _____

Street Address : _____

City, State, Zip : _____

You are **REQUIRED** to provide all previous residences with the last ten (10) years. Please list below each residence along with the dates of residence. Please use a separate sheet of paper if necessary, including your signature.

Dates	Residence Address	City	State	Zip

Company Applying with: _____ Tokyo International University of America