

Friendship Family Program Application

The Friendship Family Program is a great opportunity for you to share your culture with an international student and learn about a different country and culture all while creating a lifetime friendship!

Expectations of Friendship Families:

- Provide practical assistance to help your student settle into his or her new environment.
- Provide caring and friendly emotional support
- Invite your student to family activities, as appropriate

For more detailed expectations please see the Friendship Family Program description attached or contact the International Center at Norwich University at 802-485-2934.

Friendship Families **DO NOT** provide financial assistance to the student.

Please complete the information below

Biographical Information

Primary Family Contact: _____

Mailing Address: _____

Street address

City

State, zip code

Primary Phone (with area code): _____ Home | Work | Mobile

Circle one

Alternate Phone (with area code): _____ Home | Work | Mobile

Circle one

Primary E-mail Address: _____

Are you a Norwich employee? Yes No If yes, please provide your campus mailing address _____

Are you an alumnus of Norwich University? Yes No If yes, what year did you graduate? _____

Full names of adults in your household (please provide first and last names):

Children in your household (please provide name, age and gender):

Do you have pets in the home? Yes No If yes, please explain (animal, size, etc.) _____

Does anyone in your household smoke? Yes No

Languages spoken in the household besides English? _____

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Compatibility Questions

Your answers to the questions below will help us match you with a student who shares similar interests. Please note that Norwich University will make every attempt to match Friendship Family applicants with international students based on your answers to these compatibility questions. Preferences for the number of students preferred, gender and smoker/non-smoker are usually able to be met, with a few exceptions. However, the Friendship Family Program is **not** able to guarantee a match with a student from a specific country, studying a specific major or who speaks a specific language. We ask for your flexibility on these criteria if possible.

What are you and/or your family's interests, hobbies and/or activities? _____

What activities would you like to do with your friendship student? _____

Are there any particular characteristics or interests you are looking for in your student? _____

To meet the overall goals of the Friendship Family Program we ask that families and students meet at least once a month.

How frequently might you prefer to get together with your student?

Once a week Once every two weeks Once a month Other _____

Families are not obligated to provide housing, however some families choose offer their student housing over breaks.

Would you be able to offer housing over breaks (e.g., Mid-term break, Thanksgiving break, Spring break)

Yes No

I would like to have: one two friendship student(s) beginning _____

I would like to have: an exchange student/ scholar (3 months–1 year) a matriculated student (2-4 years)

I would like to have: a Corps of Cadets student a Civilian student a Scholar No Preference
(Scholars are typically in their late 20's or older)

Gender Preference: Male Female No Preference

Major/Minor Preference: _____

Smoking: My family is willing to host a student who is a smoker non-smoker no preference

Cultural and/or Medical Dietary Restrictions: My family will will **not** be able to host a student with cultural and/or medical dietary restrictions.

Please list any preferences (e.g. nationality/language/regional/etc.) and explain your reason for those preferences.

Please provide any important information not previously listed which may affect placement of a student with your family. _____



Friendship Family Program Waiver of Liability, Assumption of Risk and Indemnity Agreement for Norwich University

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in Norwich University’s Friendship Family Program, and all activities incidental thereto however the same may occur and for whatever period said activity may continue (herein after referred to as “Activity”), I, for myself, for my heirs, personal representatives and assigns, **do hereby release, waive, discharge, and covenant not to sue Norwich University’s International Center, the Friendship Student(s) assigned to my family** and Norwich University and their Boards of Trustees, their officers, their directors, their employees, their agents, their volunteers, their members and assigns, **and any and all other participants in said Activity and any and all Norwich University students and/or any and all Norwich University Alumni** and/or any and all Norwich University faculty and staff from **liability from any and all claims** resulting in personal injury, accidents or illnesses (including death), and property loss, regardless of fault, arising from, but not limited to, participating in the Activity.

Assumptions of Risks:

Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another.

I have read the previous paragraph and I know, understand, and appreciate these and other risks that are inherent in the Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless:

I also agree to INDEMNIFY AND HOLD Norwich University’s International Center, the Friendship Student(s) assigned to my family and **Norwich University** and their Boards of Trustees, their officers, their directors, their employees, their agents, their volunteers, their members and assigns, **and any and all other participants in said Activity and any and all Norwich University students and/or any and all Norwich University Alumni** and/or any and all Norwich University faculty and staff HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my own/my daughter’s/my son’s/the minor’s, of whom I am Guardian, involvement in said Activity and to reimburse them for any such expenses incurred.

Severability:

The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Vermont and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

_____	_____	_____
Name of Family Member	Signature of Family Member	Date
_____	_____	_____
Name of Family Member	Signature of Family Member	Date
_____	_____	_____
Name of Family Member	Signature of Parent/Guardian of Minor	Date
_____	_____	_____
Name of Family Member	Signature of Parent/Guardian of Minor	Date
_____	_____	_____
Name of Family Member	Signature of Parent/Guardian of Minor	Date

(Please request waivers for additional family members)

Friendship Family Program Reference

Please complete the information below for the Primary Family Contact applying for the Friendship Family Program.

Primary Family Contact: _____

Primary Phone Number: _____

Primary E-mail Address: _____

Please provide the following information for a personal reference* for the Friendship Family Program.

Full Name: _____

Relationship to the applying family (e.g. work, social, etc.): _____

Phone Number: _____

E-mail Address: _____

***Please provide a personal reference who is not an immediate family member nor a current member of your household.**

Please submit your completed application including waiver and personal reference to the International Center at Norwich University at the address below—

Friendship Family Program
International Center
Norwich University
158 Harmon Drive
Northfield, Vermont 05663