

HP Logo

HOST PROGRAM YOUTH CLIENT APPLICATION

Last Name _____ First Name _____
Street Address _____
City _____ Postal Code _____
Tel No (home) _____ Tel No (work) _____
Cell Tel No _____ Email _____
Country of Origin _____ Languages Spoken _____
School Currently Attending _____

What are some activities that you would like to participate in (Check all that apply)

- Digital Photography
- Youth Volunteer Development
- How to get involved in your community
- To learn about London, events, things to do
- To meet other Youth
- To be active (example: soccer, volley ball, personal fitness)
- To learn about how things are done in Canada (school, health, public systems)
- To explore other interests that you have, to share your interests with others

My barriers to communication (Check all that apply):

- Reading
- Writing
- Spelling
- Speaking
- Pronunciation
- Comprehension (Listening)
- Other (please specify): _____

Please list any topics that you feel that are important to you, that you would like to talk about, or have a forum about:

Other areas I need help with (please specify):

When are you available for meetings with a Canadian friend or mentor?

Which days and times are most suitable for you to complete an interview with HP Staff?

Contact us at 432-1133 or email host3@lcccl.org

Submit

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