

Thanksgiving Homestay Program: Host Application

The Parent and Family Programs in the Dean of Students Office and International Student Affairs at Hofstra University are inviting you to participate in the Thanksgiving Homestay Program to connect students who want to remain in the New York City metropolitan/Long Island area over the Thanksgiving break with hosts who will be celebrating the holiday. Hosts include families of Hofstra students, alumni, administration, staff, or faculty, hosting in their homes. The Program introduces students and hosts based only on the information that each provides in their applications for the Program—Hofstra has not independently verified those statements nor conducted any background screenings. The Program relies entirely on volunteer hosts and participating students.

Part A

Name:	
Address:	
Phone:	
Affiliation with Hofstra University:	
How many people currently reside in your household?	Please list their ages, gender, and relationship to host:
1.	2.
3.	4.
5.	6.

Part B

Are you able to host students overnight or just for dinner?	<input type="checkbox"/> Overnight	<input type="checkbox"/> Dinner Only			
How many nights are you able to host students overnight?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 (Full Thanksgiving Recess)
Whom are you comfortable hosting?	<input type="checkbox"/> males	<input type="checkbox"/> females	<input type="checkbox"/> no preference		
How many students are you able to host?					
Will you be able to accommodate students with dietary restrictions, such as students who do not eat pork, beef or are vegetarian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
The majority of applicants are international students. Are you comfortable hosting a student with limited English proficiency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

If you are accommodating overnight guests, the Thanksgiving Homestay Program requires an individual sleeping arrangement for each participant (for example, a guest room, a spare room with a mattress, a home-office with a convertible sofa, a couch in a living room, a bed in a room with other people). Do you have an individual sleeping arrangement available? Please describe:

Will you pick up and return your Thanksgiving Homestay Participant to campus at agreed-on times?
 Yes No

Do you have any pets? If yes, please describe:

Does anyone in your household smoke?
 Yes No

Please describe any additional information about yourself, your ability to participate in the Program, or requests concerning your student placement.

I understand and agree to the following:

- I agree to provide transportation, accommodation, and meals as described above.
- I understand that Hofstra University introduces students and hosts based only on the information that each provides in their applications for the Program—we have not independently verified those statements or conducted any background checks.
- The Program relies entirely on volunteer hosts and participating students. I understand that the University is not responsible for and cannot control the acts or omissions of any students participating in the Program. By participating in the program, I assume any and all risks associated with the Program, including the danger of being exposed to or contracting a communicable and/or infectious disease, virus, bacteria or illness, including but not limited to COVID-19 and any strains or mutations thereof (“Communicable Disease”).
- I, for myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby RELEASE, INDEMNIFY AND HOLD HARMLESS, HOFSTRA UNIVERSITY its trustees, directors, officers, employees, servants, representatives, and agents from and against any and all claims, losses, damages, expenses (including attorneys’ fees, and all court and litigation costs) and liability (including statutory liability), resulting from illness, injury and/or death (including illness, injury or death that may arise or relate to Communicable Disease) of any person or damage to or loss of any property arising out of or in any way connected with this activity and my participation therein.

I have read the above, fully understand its terms, and sign it freely and voluntarily without any inducement.

Print full name: _____

Sign and date: X _____

Please print out the form, sign, scan and email to parents@hofstra.edu. We do not accept electronic signatures. You may also mail the completed and signed form to Parent and Family Programs, 240 Mack Student Center, 200 Hofstra University, Hempstead NY 11549.