



Thanksgiving Homestay Program

Participant Student Application

The Offices of Parent and Family Programs and International Student Affairs at Hofstra University are inviting you to participate in the Thanksgiving Homestay Program as a way 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 home. 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, conducted any background screens, or checked the host’s housing conditions in any way. The Program relies entirely on volunteer hosts and participating students.

Family Name:		Given Name:		Student ID Number:	
U.S. Address:					
U.S. Phone:			Email:		
Age:		Gender:	Male	Female	Other
Degree Level (Bachelor’s, Master’s, etc.):			Major/Field of Study:		
Medical Conditions or Allergies:					
Dietary Restrictions:			Do you smoke?		
			Yes	No	
Are you bothered by household pets?		Would you prefer to be partnered with another student for your homestay?			
Yes	No	Yes		No	
Please describe any additional information about yourself or requests concerning your host placement:					



Emergency Contact Name:

Emergency Contact’s Relationship to Applicant:

Emergency Contact’s Address:

Emergency Contact’s Email:

Emergency Contact’s Phone Number:

I understand and agree to the following:

- 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 does not represent or act as an agent for, is not responsible for and cannot control the acts or omissions of the hosts.
- My participation in this Program is completely voluntary and is not required as part of my course of study. I understand and hereby acknowledge that I assume any and all risks incurred by my participation in 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. I hereby warrant that I am eighteen (18) years of age or older or that if I am under eighteen (18) years of age, my parent or legal guardian has reviewed and signed this agreement.

Print full name: _____

Signature: X _____

