

ISMC - Guelph



Canadian Friendship Partner Program Application Form

This form is also available on line at <http://www.ismc.ca/guelph/aLev1934/canfForm.htm>

**Please fill out the following information and return to Dave Buchner
151 Kortright Rd. W. Guelph, ON N1G 3N9**

This information will be kept confidential and will be used only to help in the linking for the ISMC Friendship Program once you have attended a Friendship Partner training seminar. We will inform you when our next Friendship Partner training seminar is scheduled.

Your name: _____ Occupation: _____

Spouse's name: _____ Spouse's Occupation: _____

Children names & ages: _____

Are your children still at home? Yes ___ No ___

Address: _____

Your E-mail Address: _____

Home Phone # _____ Work Phone # _____

Church affiliation: _____

Student preferences (indicate as many as appropriate)

Male: ___ Female: ___ Family: ___ Country(s): _____

Hobbies and Interests: _____

Cross cultural experience (what culture): _____

Additional information: _____

Note: A police check will also be required by our organization.

For additional information about this program check our web site at: <http://www.ismc.ca/guelph/aLev1934/>