INTERNATIONAL FRIENDSHIP PROGRAM

STUDENT FORM

Thank you for your interest in Hamilton's International Friendship Program! Please fill out this questionnaire so we can match you to an IFP Volunteer. If you have any questions about the program, feel free to contact Allen Harrison, International Student Advisor, at aharriso@hamilton.edu. You may fax the form to 315-859-4077, or attach it to or paste it into an e-mail.

First name (include nickname if you have one):	Family (Last) name:
Email you are currently using:	**Phone:**
Date of birth:	**Languages:**
Possible Field(s) of study:	**Home Country:**
Reasons for participating in *IFP*:	
Do you smoke?	**Are you vegetarian?**
Do you have any allergies or food restrictions? *(if yes, please explain)*	
Do you have brothers and/or sisters?	
Is it your first time in the US? If no, how long have you been in the US?	

Hobbies *(check no more than three options)*:

- ◯ Animals
- ◯ Collecting
- ◯ Board games
- ◯ Music
- ◯ Outdoor activities
- ◯ Politics
- ◯ Arts and crafts
- ◯ Computer/electronics
- ◯ Literature
- ◯ Indoor activities
- ◯ Sport
- ◯ Other *(please specify)*

Preferences (*check the best options for your situation*):

◯ Male	◯ Female	◯ No preference
◯ Faculty/Staff member	◯ Community member	◯ No preference
◯ With children	◯ No children	◯ No preference
◯ With pets	◯ No pets	◯ No preference

Note: We will do our best to match you with a compatible IFP partner according to your preferences. However, depending on the current applicants, we cannot guarantee that we will meet all of your requests.

Comments or additional information: