## INTERNATIONAL FRIENDSHIP PROGRAM COMMUNITY MEMBER 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 student. We will do our best to match interests and accommodate any special requests. Once you are matched, we will send you more information about your student and about IFP. If you have questions in the meantime, please feel free to contact Carol Drogus, International Student Advisor, <a href="mailton.edu">cdrogus@hamilton.edu</a>, or 859-4022.

First name:	Family (Last) name:	
Address:	Home phone:	
Email:	Work phone:	
Occupation:	Foreign languages (if any):	
Reasons for participating in <i>IFP</i> :		
Would you be willing to get connected with more than one student?		
Are you married or partnered?	Do you have children?	
Who lives in your household with you?	Are you vegetarian?	
Do you smoke?	Do you have pets?	
Hobbies (check no more than three options):		
Animals	Arts and crafts	
Collecting	Computer/electronics	
Board games	Literature	
Music	Indoor activities	
Politics	Outdoor activities	
Sport (please specify)	Other (please specify)	

Preferences (check or fill in the best options for your situation):			
Male Country of origin	Female Language spoken	No preference No preference	
Note: We will do our best to match you with a compatible student according to your preferences. However, depending on the current applicants, we cannot guarantee that we will meet all of your requests.			
How did you learn about the pro	ogram?		
Comments or additional information	ation:		

Please return this form in one of the following ways:

Attach it to an e-mail to <a href="mailto:cdrogus@hamilton.edu">cdrogus@hamilton.edu</a>

Fax it to 859-4077,

Or mail to: Dean of Students Office, Hamilton College, 198 College Hill Rd., Clinton, NY, 13323.

Thank you!