Thanksgiving Day Volunteer Information

Please return no later than Monday, November 6

Name(s):___________________________________________________________________Date_____________________
Address: _____________________________________________________________________________________________________
Occupation(s): ______________________________________________________________________________________________
Phone: Residence: _______________________  Cell:_______________________  Email:______________________________
Names and ages of children (if living at home): __________________________________________________
________________________________________________________________________________________________________
________________________________________________________________________________________________________
Hobbies and Interest: __________________________________________________________________________________________
________________________________________________________________________________________________________
Countries in which you are interested and why: __________________________________________________
________________________________________________________________________________________________________
Students are usually more comfortable going to a family’s home with a friend. Are you able to accommodate 2 students? ___Yes   ___No
If you are able to accommodate more than 2 students, please indicate how many you can host: _____
Student Preference: ___Male       ___Female       ___Married Couple       ___With Children
                   ___no preference
Will alcohol be served? ______   List pets (kind of animal): ________________________________________________
Most international students do not have cars. Are you able to provide transportation? ___Yes   ___No
List any other information which might be helpful in matching you with an international
student:____________________________________________________________________________________________________
____________________________________________________________________________________________________________

Please refer any questions and/or return this form to: ISSP@vcu.edu or mail to
Global Education Office
Virginia Commonwealth University
P.O. Box 843043
Richmond, VA 23284-3043
(804) 828-8309   FAX (804) 828-2552

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Office Use: Assignment
Student: _____________________________ Country: __________________________ Date: __________