



Fredericksburg Sister City Association, Inc.

PROFILE INFORMATION - ADULT EXCHANGE 2025

[PLEASE TYPE OR PRINT CLEARLY with black ink]

Name:.....

Date of Birth: ,...../...../..... Sex:Male.....Female

Passport Number:...../Country.....

Married.....Single.....Divorced.....

Home Address: (street, city, zip code)

.....

Occupation.....

Telephone(Home) :..... Cell Phone:.....

E-mail FAX:

Will you be traveling with a companion?.....Yes.....No

If yes, show their name here.....

What is your level of fluency and comprehension of French - on a scale between A- D with A = excellent and D= almost not at all. A B.....C.....D.....

Do you speak any other languages? If so, list here.....

At what level – using the above scale. A.....B.....C.....D.....

Have you been to France before? If so, when?

Where did you visit/live.....How long did you stay?.....

Indicate your preference by checking the appropriate box: [] I prefer to stay with a family who speaks English, if possible [] I would be happy to stay with a family with limited or no English speaking skills.



Comment on your hobbies, sports, interests and how you spend your leisure time. This will help us in proper placement with a French family:

.....
.....

How long have you been a member of Fredericksburg Sister City Association?.....

List Sister City activities in which you have participated.....

.....
.....

Why do you want to take part in this exchange?

.....
.....

List community activities in which you participate and in what capacity:

.....
.....

Medical Information/allergies/ dietary restrictions, etc

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.....

Do you smoke.....yes.....no If you do smoke you must be prepared to not smoke in the home of your host family.

Do you drink alcoholic beverages? never..... occasionally..... often

.....It is not necessary that my host family have the same religious affiliation as mine.

.....It is important to me to have a host family with the same religious affiliation as mine, which is.....

If the opportunity is presented, please list the following places or events you would like to experience on this trip:

.....
.....

Emergency contact Information:

.....
.....

Please return this form no later than January 15, 2025 to Catherine Warder, Fredericksburg Sister City Association, 13975 Round Hill Rd., King George, VA 22485 or at 4warders@gmail.com and Kristin Moeller at krnmoeller@gmail.com.