

PC3 Preliminary ABRO Host Family Application

Name: _____

Address: _____

Home phone number: _____ Cell number: _____

Email Address: _____

Age: _____

Please list names of family members living in your home, their age and position in the family, ie.
(husband, wife, son, daughter)

Please provide the occupations of the adults in the home. _____

What family member would be spending the most time with or caring for the hosted child?

Do you actively attend PC3? Yes No If yes, how long? _____

Do you belong to a small group? Yes No

If yes, please provide your small group leaders' names. _____

AND, how long have you been a member of this group? _____

If no, please provide two references who attend PC3 (and their phone numbers) _____

Do you serve in a ministry at PC3? Yes No

If yes, specify ministry: _____

If you have answered No to all of the above, please provide names of four people who can attest to your personality and character. Please include how long you've known them, your relationship to them, and their primary contact information (phone numbers preferred).

Additional Information:

Please tell us anything else about yourself and your family so that it might be helpful to us in getting to know you and your desire about hosting.
