

CENTER FOR CITIZEN INITIATIVES  
PRODUCTIVITY ENHANCEMENT PROGRAM  
Presidio of San Francisco • Post Office Box 29912 • San Francisco, CA 94129  
Toll free: (888) 729-7071 • Telephone: (415) 561-7777 • Fax: (415) 561-7778 • E-mail: coord@ccisf.org

**HOME HOST FAMILY BIOGRAPHY**  
**We encourage you to fill out and submit the form online at**  
**www.ccisf.org under "PEP Volunteer Resources."**

The Russian delegates are very curious about the families with whom they will be staying. Sharing personal information in advance makes getting to know one another that much easier when the delegates arrive. Your guest(s) will be bringing gifts for your family, so they will want to know how many people are in your family. If you cannot fill this form out online, please fax back to the number below. Thank you!

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Profession: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Profession: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address, if Different: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

Home Email: \_\_\_\_\_ Work E-mail: \_\_\_\_\_

Children (ages, gender, number living at home): \_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

Do you speak any foreign languages? If so, which language (s)? \_\_\_\_\_

Clubs or Professional Associations (please name specific chapter or club): \_\_\_\_\_

Do you have pets? (number and type) \_\_\_\_\_ Can you host a guest who smokes? (outside) \_\_\_\_\_

How many delegates can you host? (separate beds a must) \_\_\_\_\_ For which dates? \_\_\_\_\_

Is there anything else you would like your guest(s) to know about your home, your town or your lifestyle?  
(ie: weather, plans for sightseeing, etc.) \_\_\_\_\_

Home Host Family Biography

*\*\*\* Please return this form to your Local Coordinator  
or fax to CCI at (415) 561-7778. Thank You. \*\*\**

FOR OFFICE USE ONLY	
Del No. _____	Date Rec _____
Date Ent _____	Notes _____