



Lincoln Friends of Foreign Students

Friend Application

As a Lincoln Friend, I (we) agree to host (be a friend to) one or more UNL foreign students for at least a one-year period, contacting them once a month for the coming year and including them in some of my (our) activities, thereby exposing them to life in the U.S. We agree to support activities planned for Lincoln Friends of Foreign Students.

Name: _____ Date: _____
(Last) (First)

Spouse (if any): _____

Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: _____ E-mail Address: _____

Occupation: (Husband): _____ Day Phone: _____

(Wife): _____ Day Phone: _____

How did you hear about Lincoln Friends? _____

Have you participated in the Lincoln Friends program before? _____

Name and age of children still at home: _____

Civic and professional organizations of which you are a member: _____

Hobbies and special interests: _____

Languages spoken: _____

Countries traveled in: _____

Are there any restrictions regarding your participation in this program? _____

Student Preference (*pick one*): No Preference Male Female Couple Family

Please return this form to:
LFFS Membership
c/o Mary Reeves
3236 Dudley Street
Lincoln, Nebraska 68503

Phone: 402 464-1803
E-mail: **LFFS_MEMBERSHIP@YAHOO.COM**