

## Friendship Force International Ambassador Matching Form

Amb. No.	Ambassador Name, Address and Telephone Number	Marital Status	Sex	Age	Occupation and Interests	Preferred Hosting Partner	Second Week Plans	Special Needs	Host No.
								Smoker: Yes No Allergies:  Physical Limitations:	
		Languages Spoken						Smoker: Yes No Allergies:  Physical Limitations:	
								Smoker: Yes No Allergies:  Physical Limitations:	
		Languages Spoken						Smoker: Yes No Allergies:  Physical Limitations:	
								Smoker: Yes No Allergies:  Physical Limitations:	
		Languages Spoken						Smoker: Yes No Allergies:  Physical Limitations:	