AUBURN WA SISTER CITIES ASSOCIATION
YOUTH AMBASSADOR PROGRAM INTEREST APPLICATION

Applicant’s Information Please use the back if additional room is needed.

Interested in exchange program with (check all that apply):
___ China     ___ Italy     ___ Japan     ___ South Korea

Please return to: drichards@auburnwa.gov or Duanna Richards, Sister City
Liaison, 25 West Main St, Auburn WA 98001. For questions call 253-931-3099.

Name _________________________________ e-mail address __________________________________

Address ______________________________________________________________________________

Telephone (____)______________________ Alternate/Cell Phone (____)_________________________

Gender ___ M ___ F       Birth Date ____/____/____   School _______________________ Grade ______

Do you have a Passport?  ___Yes   ___I am able to apply for a passport

Parent /Guardian Information

Name _________________________________ e-mail address __________________________________
○ Address is the same as Applicant’s
Address ___________________________________________ Relationship _____________________

Telephone (____)___________________Alternate/Cell Phone (____)_________________________

Name _________________________________ e-mail address __________________________________
○ Address is the same as Applicant’s
Address ___________________________________________ Relationship _____________________

Telephone (____)___________________Alternate/Cell Phone (____)_________________________

(Optional)
Please list any languages other than English spoken by the applicant or by family members in the home
________________________________________________________________________________________

Are there any special needs or requirements (e.g., religion, meals, medication, allergies, etc.). Please describe.
________________________________________________________________________________________
________________________________________________________________________________________

_______________________________  _____________________________     _______________
Student Signature     Parent/Legal Guardian Signature       Date