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: tbothell@auburnwa.gov or kbrady@auburnwa.gov, or by mail: Sister City Liaison, 25 West Main St, Auburn WA 98001. For questions call 253-931-3000.

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.
________________________________________________________________________________________

________________________________________________________________________________________

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___________________________  ____________________________  ____________
Student Signature               Parent/Legal Guardian Signature  Date