

**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.

Student Signature

Parent/Legal Guardian Signature

Date