

Application – Chaperone

Jr. Ambassador Exchange – Summer 2009

Name _____

Sex: ____ M ____ F Date of Birth _____ Age ____

Home Address _____

City: _____ State _____ Zip _____

Attach Photo Here

Profession: _____ Work Phone: _____

Employer: _____

Work Address: _____

References:

Name : _____ Phone: _____

Name: _____ Phone: _____

*Sister Cities will conduct background checks on all chaperone applicants.

Spouse's Name and address during the exchange time

Name: _____ Profession: _____

Address: _____ Work Address _____

Phone: _____ Work Phone: _____

Children:

Name _____ Age _____ Sex: _____

Name _____ Age _____ Sex: _____

Name _____ Age _____ Sex: _____

Hobbies and Interests:

Medical Information:

Condition of Health: _____

Allergies requiring special medical treatment: _____

Dr. Name _____ Phone #: _____

General Information:

Describe your previous foreign travel experiences:

Describe your experiences on the teaching, counseling, leadership and supervision of youth.

Are you comfortable with the role of public speaking? Please comment

If you are married, would participation without your spouse be acceptable?

Explain:

Food Dislikes:

Activities that you enjoy doing:

Are you able to communicate in Japanese? Yes _____ No _____

Explain _____

I agree that if chosen to chaperone:

- that I will be available for meetings and training prior to the trip and will assist in the promotion of next years Exchange.
- I will participate in the trip activities that are planned by the Sister Cities in Japan.
- That I will not request additional tours be arranged for the group.
- Understand that I will live at a host family of the Japanese Sister Cities committee choice.
- Acquire a passport at my own expense.
- Attend at least 80% of the pre and post group meetings.
- Provide a detail accounting of the monies spent to the Committee upon return
- Assist with the planning and practices for a talent for the group to perform while in Japan.

Applicant Signature: _____

Please return completed application to:

**Rich Strle
2903 Hendrix Dr.
Bloomington, IL 61704**