



INDIANA PARTNERS OF THE AMERICAS

Attach Picture

**Youth Ambassadors 2011
Application Form
(Please Type)**

1. Full Name (Also, type in capital letters the name by which you wish to be called: E.g., **AMANDA**)

| | | | |
|---------------|----------------------------------|---------------|---------------|
| 2. Birth Date | 3. Place of Birth (City) (State) | 4. Passport # | Valid through |
|---------------|----------------------------------|---------------|---------------|

| | |
|-------------------|------------------------------------|
| 5. Street Address | (Apartment No.) |
| (City, State) | (Zip code) (Phone) (Email Address) |

| | | |
|-----------------------|-----|-------------------------|
| 6. Father's full name | Age | Occupation / Profession |
|-----------------------|-----|-------------------------|

| | | |
|-----------------------|-----|-------------------------|
| 7. Mother's full name | Age | Occupation / Profession |
|-----------------------|-----|-------------------------|

| | |
|---|-----------|
| 8. Do you have any brothers or sisters? | How many? |
|---|-----------|

| 9. Sibling(s) full name(s) | Age | Male/Female |
|----------------------------|-----|-------------|
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|-----------------------|----------------------------------|-----|----|
| 10. Religion (if any) | Do you attend service regularly? | Yes | No |
|-----------------------|----------------------------------|-----|----|

| | | |
|-----------------|------|-------|
| 11. School Name | City | Grade |
|-----------------|------|-------|

| | |
|--|--------|
| 12. I learned about the exchange from: | |
| Partner's member | Other: |

13. How long have you or your family been a Partner's member?

| | | | |
|----------------------------------|-----|----|--|
| 14. Practice any sport? | Yes | No | What sport? How often to you practice? |
| Where? Club School Home | | | |

| | |
|--------------------------------------|----|
| 15. List 5 activities that you enjoy | 1. |
| 2. | 3. |
| 4. | 5. |

16. Among the topics listed below, number the areas in which you are interested in volunteering in the order of your preference.

| | | | |
|-----------|-------------|----------|----------|
| Library | Sports | Hospital | Children |
| Museum | Elderly | Disabled | Theater |
| Computers | Visual Arts | Dancing | Music |

| | | | | | | |
|--------------------------|-------------------------|------|----------------------|-----------|------|---------|
| 17. Communication Skills | | | Native Language: | | | |
| Language | Oral (speak/understand) | | Written (read/write) | | | |
| | Excellent | Well | Regular | Excellent | Well | Regular |
| | | | | | | |
| | | | | | | |

18. Have you already joined any volunteer activity in your community? What activity, institution? What was your role in it?

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|------------------------------------|--------|----|
| 19. Have you ever traveled abroad? | Yes | No |
| Where | Reason | |
| Where | Reason | |

20. I am including the application fee for the Youth Ambassadors (\$25.00)
(Check to be made out to: **Indiana Partners of the Americas**)

| | |
|---|--------------------|
| 21. We, the undersigned, do hereby declare to be aware of all the rules for the Youth Ambassadors Program presented in the Guidelines for Candidates. | |
| Father's signature | Mother's signature |
| Candidate's signature | City Date |