



INDIANA PARTNERS OF THE AMERICAS

Attach Picture

**Youth Ambassadors 2009
Application Form
(Please Type)**

1. Full Name (Type in capital letters the name by which you wish to be called)
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2. Birth Date	3. Place of Birth (City) (State)	4. Passport # Valid through
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5. Address (Street) (Apartment No.)
(City, State) (Zip code) (Phone) (E-Mail)

6. Father's full name	Age	Profession
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7. Mother's full name	Age	Profession
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8. Do you have any brothers or sisters?	How many?
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9. Brother's and Sister's full name	Age	Male/Female

10. Religion (if any)	Do you attend service regularly?	Yes	No
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11. School	City	Grade
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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	How often?
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?

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 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