**CITY OF BARRIE’S**

**YOUTH AMBASSADORS PROGRAM**

 ***AUGUST 2023 – MURAYAMA, JAPAN***

 **APPLICATION FORM**

**(Please feel free to expand any response on appended pages)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Academic History:** (In addition to your marks in the first semester please include past awards and achievements while in high school.)

**Community Involvement:** (Please tell us what you’re involved/interested in but also include any awards or recognitions you have received.)

**Previously Related Courses or Experiences:**

**References:** (Please list two references; one of which must be a teacher while the other should be any member of the community who can speak to your strengths. Either attach letters or include phone and email contact information.)

**Write a brief response to the following two questions. Either use the space available or append another sheet if you feel the need.**

Why do you want to participate in this program?

Why should you be accepted into this program?

**Accepting the responsibility of being an ambassador upon your return to Barrie, part of your commitment is to visit two elementary schools to give a presentation of what you learned in Japan. List the two schools you would like to visit and the person you would contact to make arrangements:**

**1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE COMPLETED BY PARENTS OR GUARDIANS**

**I/We have discussed the above program with our son/daughter and approve their selection. I/we realize that this is a limited enrolment program and that this application does not guarantee acceptance into the program. Furthermore, I/we understand that there are costs associated with it but that should we be unable to afford our child’s contribution that there are limited corporate/community sponsorships available.**

**Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent e-mail**

**Student’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICATIONS ARE DUE: Thursday, June 1, 2023**

**Scan and e-mail to Shannon.Scully-Pratt@redcross.ca**