

**2017 ADULT CHAPERONE APPLICATION  
 FORT WAYNE SISTER CITIES INTERNATIONAL  
 Student Exchange Program**

This application is for this Sister City exchange:  
 \_\_\_ **Takaoka, Japan**

**Return this completed application by: 8/19/16**  
**927 S. Harrison Street**  
**Fort Wayne, IN 46802**

Please type or print legibly

**CONTACT INFORMATION:**

**Name in full** (as it appears on your passport):

First (given)	Middle	Last (family)
___ Male	___ Female	Date of birth ___/___/___
	DAY    Month    Year	Social Security # _____

**Mailing Address:**

\_\_\_\_\_

Number & Street

City/Town	State	Zip Code
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Home Telephone	Work Telephone
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Cell phone	E-Mail address
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**Person to notify in case of emergency:**

Relationship	Name
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Address: Street	City	State	Zip code
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Telephone	E-Mail address
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Occupation/Profession _____	Position _____
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Employer _____	Telephone _____
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Address: Street	City	State	Zip code
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Identify any previous/current Sister Cities relationship/experiences:

Identify and explain your most significant leadership experience(s):

Identify your community involvement(s):

Describe your experience(s) of working with youth:

**Your language skills assessment:**

Applicant's native language \_\_\_\_\_

Non-native language(s) studied \_\_\_\_\_

Number of years non-native language(s) studied \_\_\_\_\_

Non-native language proficiency:            Poor   Fair   Good   Fluent

Speaking

Reading

Writing

**RECOMMENDATIONS**

Please arrange for two letters of recommendation from persons other than a family member. One should be your immediate supervisor and the second reference must be from a person who has observed/experienced your work with youth outside a school teaching environment (counselor, coach, club sponsor/advisor, pastor). The reference should comment on your international experience(s), leadership style, dependability, maturity, flexibility and other character qualities. Have your references use the attached form.

**Please have your reference complete and submit the recommendation by the due date to:**

**Fort Wayne Sister Cities International**

**927 S. Harrison Street**

**Fort Wayne, IN 46802**

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Fort Wayne Sister Cities International**  
**EXCHANGE PROGRAM RESPONSIBLE ADULT**  
**LETTER OF RECOMMENDATION**

**Applicant's name** \_\_\_\_\_ **Date** \_\_\_\_\_

The above named adult is applying to be a Responsible Adult for a Fort Wayne Sister Cities International Youth Exchange. Fort Wayne Sister Cities must select adults who will represent the Fort Wayne Sister Cities very well, will fulfill the responsibilities of this important leadership position and can work effectively with high school age youth.

Please tell us in the space provided below what you know of this person's international experience(s), any foreign language skills, his/her experience outside the classroom of working with high school age youth, his/her work ethic (initiative, dependability, maturity, flexibility) and other leadership/character qualities you feel comfortable in sharing with us.

Thank you for providing this information.

**Please complete and return this recommendation by August 19, 2016 to:**

**Fort Wayne Sister Cities International**  
**927 S. Harrison Street**  
**Fort Wayne, IN 46802**

\_\_\_\_\_  
**Printed name of person  
providing this reference**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Relationship to applicant**

**Date** \_\_\_\_\_