



San Mateo Sister City Association
Toyonaka, Japan Division
P.O. Box 729
San Mateo, California 94401

SMSisterCity@gmail.com

YOUTH APPLICATION FORM

Applicants First Name

Last Name

Nickname

Address

City

State

Zip

Phone Number

Applicant's E-mail Address

Birth Date

Age

Name of School

Grade

Sports Team Name (2018 Season)

Coach's Name (2018 Season)

To be completed by Applicant:

What are your interests and hobbies? _____

What are your activities outside of school? _____

Why do you want to participate in this program? _____

PARENT OR GUARDIAN INFORMATION

Parent 1's/Guardian's Name: _____

Occupation: _____

E-mail Address: _____

Home Address and Phone _____
(if different than youth's)

Parent 2's/Guardian's Name: _____

Occupation: _____

E-mail Address: _____

Home Address and Phone _____
(if different than youth's)

Statement of Parents/Guardian

Why do you want your child to participate in this exchange program?

Parent 1's Response: _____

Parent 2's Response: _____

Parent Statement con't.

In what volunteer activities do you participate?

Parent 1's response:

Parent 2's response:

As a member of the Sister City Cultural Exchange Program, you will be required to assist with the fund raising activities and events in order to raise money for the trip's expenses. Fund raising events may include a dinner/auction dance, golf tournament and player appeals. Which of these events or programs would you be willing to work on? Do you have any other fundraiser ideas?

Knowledge of Understanding

If chosen as a member of the Sister City Cultural Exchange Program, I understand I will be expected to participate in all activities, attend meetings and I agree to participate to the best of my ability. I further agree to represent my City in such a manner that is consistent with the values of my home, community and country.

I do understand that if I break my agreement, I may be removed from the program at my own expense.

Signature of Applicant: _____ Date: _____

Signature of Parent 1/Guardian: _____ Date: _____

Signature of Parent 2/Guardian: _____ Date: _____