



# Long Beach-Yokkaichi Sister City Association

"Building Leaders for the 21st Century"



## Environmental Summit Program in Yokkaichi, Japan

### Chaperone Application Form

Use "X" to fill in where applicable.

To complete by computer, use Tab key to move to next field.

1. NAME: \_\_\_\_\_  
Last First Middle  
(as it appears on your passport or birth certificate.)
2. ADDRESS: \_\_\_\_\_  
Street City Zip Code
3. PHONE #s: \_\_\_\_\_  
Home Day/Work Cell
4. E-MAILS: \_\_\_\_\_
5. GENDER: M\_\_\_\_\_ F\_\_\_\_\_ Age\_\_\_\_\_ Date of Birth\_\_\_\_\_
6. BIRTHPLACE: \_\_\_\_\_  
City State or Country  
COUNTRY OF CITIZENSHIP: \_\_\_\_\_
7. PASSPORT NUMBER: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
8. MARITAL STATUS: Single\_\_\_\_\_ Married\_\_\_\_\_
9. DO YOU HAVE CHILDREN? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, age and gender of children:

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10. OCCUPATION: \_\_\_\_\_  
Employer Position / Title

ADDRESS: \_\_\_\_\_  
Street City, ST Zip Code

11. LIST MOST RECENT SCHOOLING AND EDUCATION IN CHRONOLOGICAL ORDER:  
NOTE: All Transcripts must be attached – photocopies are acceptable.

<u>Name of Institution / Location</u>	<u>Major (if any)</u>	<u>Dates Attended</u>	<u>Degree (Y/N)</u>

12. LIST ANY ALLERGIES / FOOD RESTRICTIONS:

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13. LIST ANY MEDICAL CONDITIONS:

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14. List HOBBIES and EXTRACURRICULAR ACTIVITIES in which you participate. If applicable, state positions and responsibilities you hold.

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15. What are your current plans or commitments for this SUMMER? (Vacation, work, camp, school, et al). List dates, if known.

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16. Have you lived or studied overseas? If so, please indicate the location, purpose, and length of stay.

17. Describe what experiences you have had with languages other than English.

18. Describe experiences you have had with the Japanese language and culture.

19. Describe experiences relevant to chaperoning.

20. Write a statement explaining why you want to be a chaperone to accompany student delegates in the Environmental Program. (Use separate sheets, if needed).

**By checking the box below, you may type in your full name below instead of signing your name.**

☐ Electronic Signature by Signing. I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.

I certify that I have read and understood the description and the responsibilities and the instructions for applicants.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Type your name if you checked the Electronic Signature by Signing box.*

**COMPLETED APPLICATIONS MUST BE SUBMITTED ASAP  
OR NO LATER THAN DEADLINE OF FRIDAY, MARCH 29, 2024.**

**Please E-MAIL or FAX Application and MAIL Supporting Documents**

To: Mike Vaughn, President  
Long Beach -Yokkaichi Sister City Association  
1198 Pacific Coast Hwy, D347  
Seal Beach, CA 90740  
Phone: 562-592-9350  
Fax: 562-684-4459  
Email: mikevaughn1997@gmail.com