



Long Beach-Yokkaichi Sister City Association

"Building Leaders for the 21st Century"



2024 Trio Exchange Program Yokkaichi, Japan

TEACHER APPLICATION FORM

Use "X" to fill in where applicable

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

1. NAME: _____
Last First Middle (Maiden/Former)
(as it appears on your passport or birth certificate.)
 2. ADDRESS: _____
Street Address City, State, Zip
 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:
- _____

10. OCCUPATION: _____
Employer Position / Title

ADDRESS: _____
Street Address, City, State, 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. Have you lived or studied overseas? If so, please indicate the location, purpose, and length of stay.

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

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

18. Describe experiences relevant to chaperoning.

20. Write a short statement explaining why you want to be a teacher to accompany two high school student delegates in the 2024 Trio 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 APPLICATION MUST BE RECEIVED NO LATER THAN
DEADLINE OF FRIDAY, MARCH 22, 2024, 5:00pm (postmarked).**

Please E-MAIL or FAX Application with ALL 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