



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:

13. LIST ANY MEDICAL CONDITIONS:

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

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

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 Application & ALL supporting documents MUST be submitted ASAP OR NO LATER THAN DEADLINE OF FRIDAY, MARCH 21, 2025, 5:00pm.

Please E-MAIL or FAX Application and MAIL Supporting Documents

To: Aki Vaughn, Co-chair
Long Beach -Yokkaichi Sister City Association
1198 Pacific Coast Hwy, D347
Seal Beach, CA 90740
Phone: 562-234-5702
Fax: 562-684-4459
Email: akivaughn95@gmail.com