

**THE FRIENDSHIP FORCE OF CHARLOTTE
AMBASSADOR APPLICATION FOR DOMESTIC EXCHANGE**

A Friendship Force Exchange offers an opportunity for people from different parts of the world to share their lives with each other in the spirit of friendship. The success of the experience depends on the extent to which participants can make friendships, exercise flexibility, adapt to unforeseen difficulties, and promote understanding.

The following information is needed to help The Friendship Force select Ambassadors who are representative of their community or region. Detailed information also helps us match Ambassadors with host families. Each applicant must complete and sign the Application and Agreement. We appreciate your co-operation.

1. Name: _____
(last) (first) (middle)

2. Address: _____
(street address) (apt. no.)

(city) (state) (zip/postal code)

3. Telephone: Home (____) _____ Work (____) _____
Cell(____) _____ 4. Email address: _____

4. Date of Birth: ____ -- ____ -- ____ 6. Birthplace: _____
(day) (month) (year) (state) (country)

5. Sex: Male Female 8. Marital Status: Single Married
(Circle one) (Circle one)

6. Current Job Title and Employer (previous occupation if retired): _____

7. Please give a short description of your work responsibilities (previous job if retired): _____

8. List your interests and hobbies _____

9. Do you smoke? Yes No (Circle one)

10. Do you have any health conditions that require special consideration? __Yes__ No

If yes, please specify _____
(Circle one) (i.e., vegetarian, walk with a cane, allergic to penicillin, high blood pressure)

11. Do you have any allergies? _____

12. Can you carry your suitcase up three flights of stairs? _____

13. Can you lift your luggage onto overhead compartment in airplane?

14. Please circle where you have previously traveled with The Friendship Force:
Africa Asia Europe Latin-America Middle-East North-America
Russia/CIS South-Pacific None

15. Please circle if you have participated in a homestay (or similar) program before: As a host As a visitor

16. In which Friendship Force Club is your membership? _____

17. If traveling with someone else please complete below. Each applicant should submit an application.

Name _____ Relationship _____ Age _____

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18. Ambassadors under 18 must travel with a parent/guardian. Ambassadors under 16 must be hosted together with a parent/guardian.

Name of guardian for youth under 18: _____

19. Person at home to contact in case of emergency:

(name) (address) (city-state-zip)

Relationship: _____ Telephone: Home (____) _____

Telephone: Work (____) _____ Cell (____) _____

Personal Mission Statement:

The Friendship Force considers each Ambassador and Host to be a "Citizen Diplomat", a person committed to improving international relations through people-to-people diplomacy during and after the exchange.

Thus, to help judge your application, please indicate briefly in the space below a personal goal you wish to accomplish through this exchange. It can be a spin-off project (i.e. establishing a sister-school link), a special connection (arranging a return visit by a musician or artist), or just making a lifelong friend. Think about how you can keep these personal and institutional relationships alive after you return home and share your goals with us here:

I have read the Ambassador Agreement and Conduct Pledge with this Application and accept its terms. I hereby agree to secure adequate travel and medical insurance for the duration of the exchange. I certify that I am 18 years of age or older and have completed this application to the best of my knowledge and believe it is true.

Signature of Ambassador Date

Signature of Parent or Guardian Date

If Ambassador is under 18 years old, both signatures are required.