

Please complete and submit this form to Alyssa Fox at [afox@sistercities.org](mailto:afox@sistercities.org).

Salutation \_\_\_\_\_ First Name \_\_\_\_\_ Middle I. \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Years in community: \_\_\_\_\_  
Month/Day/Year

Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a US citizen?  Yes  No If no: Do you have permanent residence status to remain in the U.S.?  Yes  No

Do you have a visa and work authorization?  Yes  No \_\_\_\_\_  
Visa Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration date \_\_\_\_\_

Have you previously worked for another exchange organization?  Yes  No If yes, what was your position and dates of service?

## Education

High School: \_\_\_\_\_  
School Name \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

College/University: \_\_\_\_\_  
School Name \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree \_\_\_\_\_

Other: (Briefly describe any other educational experience or training that you think will be helpful to you in your position as Local Coordinator. Continue on another sheet if necessary.)

## Employment History (Please list most recent first. Continue on another sheet if necessary.)

Employer	Phone	Dates Employed	Duties/Responsibilities

Are you currently employed?  Yes  No If yes, work schedule/hours per week: \_\_\_\_\_

**References** (Please list three references, including at least one professional reference and preferably one reference in relation to your local sister city chapter. Non-family members only.)

Name	Relationship	Years Known	Work Phone	Home Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Volunteer and Community Involvement** (Please list most recent first. Continue on another sheet if necessary.)

Organization	Dates of Service	Position/Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____

**International Experiences** (Please describe any experience you have had with people from other countries, travel abroad, etc. Continue on another sheet if necessary.)

**Experience with Youth and Community** (Please describe your experiences working with youth and with people/organizations/institutions in your community. Continue on another sheet if necessary.)

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**Reason(s) for Being a Local Coordinator** (Please describe what motivated you to become a Local Coordinator and what you hope to gain from your experiences. Continue on another sheet if necessary.)

**Please list high schools in your area in which you would like to place students:**

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School Name and Address

Phone Number

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School Name and Address

Phone Number

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School Name and Address

Phone Number

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School Name and Address

Phone Number

I, the undersigned, confirm that the information provided on this application is complete and accurate. I also understand that I am required by the U.S. Department of State to submit my information for a Criminal Background Check as part of this application. If chosen as a local coordinator I understand that I will need to comply with certain time-sensitive deadlines.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_