



## Citizen Diplomat Application

*Submitting this form is not a commitment but an expression of your desire to travel with Sister Cities Newport News. The information provided will be maintained at the Sister Cities office. Additional applications may be required for specific exchange programs. Please complete & return this form to via email or email.*

*Mail: P.O. Box 120504 Newport News, VA 23612-0504*

*Email: [info@sistercities-nn.com](mailto:info@sistercities-nn.com)*

**Questions? Call: 757-697-3129**

**PLEASE, Type or print clearly.**

FULL NAME

**AS IT APPEARS ON PASSPORT**

First

Middle

Last

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Phone #( \_\_\_\_\_ ) \_\_\_\_\_

Date of Birth (required): \_\_\_\_\_ Student? Yes / No Grade Level: \_\_\_\_\_

School Name (note if homeschooled): \_\_\_\_\_

***Please mark as appropriate:***

I'd like to travel as:

- Student Delegate     Adult Delegate (18 & up)     Chaperone     Translator

Please indicate the partnership you are most interested in traveling with.

*(If more than one, rank from 1 to 4 with 1 being of highest priority):*

- Japan     China     Germany     France     Ireland     Malawi     Australia

Please indicate your degree of interest in traveling with the SCNN Delegation.

- 100%     90%     80%     70%     Less than 70%

**I have a current US passport (Must be valid for 6 months after travel dates.)**    Yes    No

If "NO" you must submit proof that you have applied for a US passport to this application.

I am a current member of Sister Cities of Newport News (SCNN)\*.    Yes    No

I have been active on the following SCNN committee(s): \_\_\_\_\_

**If not a current member\*, please use this link to join: <https://app.donorview.com/EWOYA>**

*\*A minimum membership of \$25 is **required** for travel on any SCNN sponsored exchange.*

I/My family have/has hosted an international delegate with Sister Cities.    Yes    No

I/My family have/has hosted with another organization.    Yes    No

Are you allergic to **CATS**? Yes No    Allergic to **DOGS**? Yes No

List other Allergies: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you a vegetarian? Yes No    Are you a vegan? Yes No

Last Name: \_\_\_\_\_

I work in the city of Newport News.  Yes  No  I am retired

Occupation/Profession: \_\_\_\_\_

List language(s) you speak (other than English) and under what circumstances you learned the language (e.g. as a native language, while living abroad, in a "language camp" or through independent study at home). If you are fluent and able to serve as a translator please be sure to let us know.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List past international travel experiences.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please, list favorite foods, hobbies, sports, instruments played, extracurricular and leisure activities that might be helpful to your participation and in placing you with a host family.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand** that I must be a current SCNN member to apply. I further understand that SCNN's Citizen Delegates pay for their own passport and visas (if applicable), air fare, and spending money for exchanges. The hosting sister city will provide housing ("homestay" with a local family), tours and most meals for the delegation. A copy of your passport will be required during the selection process.

**If selected as a Citizen Diplomat**, I understand that I am required to pay a \$150 administrative fee. I understand that I will be required to abide by all the rules and regulations set forth by Sister Cities of Newport News as conditions for exchanges including undergoing a basic background check as required by SCNN's insurance. I also agree to attend all pre-travel educational sessions and meetings to the best of my ability. I further agree to serve as a Host Family or Day Host for an incoming SCNN exchange and to share my experience with others upon my return. By submitting this application, I further agree to allow my name/image to be used to promote SCNN's exchange programs in printed and visual media (including but not limited to SCNN's website, Instagram and Facebook pages).

Applicant Signature: \_\_\_\_\_

Date \_\_\_\_\_

**For applicants under 18 only:**

Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_\_\_