



**BAKERSFIELD SISTER CITY
PROJECT CORPORATION**

**PART 1: APPLICATION FOR TRIP TO BUCHEON, KOREA
JULY 24-AUGUST 1, 2019**

- *Application & parent consent form, along with a non-refundable deposit of _____ needed to hold your seat on the airlines) are due **TBD**.*
- *The balance of the airfare & BSCPC membership fee will be due at the time tickets are purchased*

PLEASE PRINT:

Legal name (as shown on passport):

_____ **Passport expiration date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

_____ **Home telephone:** _____ **Cell phone:** _____

Email: _____

Date of birth: _____ **Gender:** _____ **Age** _____

School currently attending: _____ **Grade:** _____

Mother's name: _____

Work number: _____ **Cell number** _____ **Email:** _____

_____ **Father's name:** _____ **Work number:** _____ **Cell Number** _____ **Email:** _____

Names & ages of brothers & sisters:

Please list interests, school activities/involvement (information will be provided to host family who would like to know a little about you):

Is student taking any medications? Yes _____ No _____ If yes, please attach a list.

Does student have any allergies? Yes _____ No _____ If yes, please attach a list.

Are you or your family a member of Bakersfield Sister City Yes _____ No _____

Has student been to Korea or Japan with the Sister Cities program before? Yes _____ No _____

Has student traveled without parents before? Yes _____ No _____

Has your family served as a host family to an international student? Yes _____ No _____

Is your family willing to host a Bucheon student in your home (January 2020)?
Yes _____ No _____ (NOTE: A "NO" answer WILL disqualify you from this trip,
unless you can provide a substitute host family with an appropriately aged youth.)

PART 2: ACADEMIC RECOMMENDATION

Teacher/Counselor Reference: Please have a current Teacher or Counselor attach a signed and dated recommendation of your ability to represent the City of Bakersfield and Bakersfield Sister City as a Bakersfield Sister City Youth Ambassador. An academic standing should be included in this recommendation.

Please list a contact number or email for Teacher/Counselor.

Teacher or Counselor (please print): _____

Subject & grade: _____ School: _____

Email or telephone: _____

PART 3: STUDENT ACCEPTANCE

- I understand that I am representing Bakersfield Sister City and the City of Bakersfield, as well as the United States of America. I realize my behavior reflects upon these groups and will do my best to behave in a manner that will make my parents, my school and my city proud.
- I will follow all rules of conduct set forth by Bakersfield Sister City.
- I agree to attend all orientations in preparation for the trip.
- I agree to help to host students from Bucheon when they visit in 2020.
- I have attached a short essay of why I want to visit Bucheon, South Korea as part of the REQUIRED documents necessary for consideration of my application.
- I agree to respect and mind the chaperones, my host family and the people of Bucheon who have organized this visit.
- I understand that any misconduct on my part will cause immediate notification of my parent/guardian at their expense. I will comply with any disciplinary action agreed upon by parent/guardian and chaperone.
- I have attached all necessary documents and have read and understand this application and my commitment as a Youth Ambassador.

Youth Ambassador Signature _____ Date: _____

Part 4: PARENT PERMISSION

I understand my child will be traveling under the guidance of a chaperone(s) designated by Bakersfield Sister City Project Corporation.

I am confident my child will conduct him/herself in a respectful manner and that I/we will be contacted immediately, at my/our expense, of any misconduct that is unbecoming of a Youth Ambassador and will abide by any actions necessary to amend the issue.

PERMISSION AND RELEASE OF CLAIMS

I, _____, legal parent or guardian of _____, give my permission for him/her to go to Bucheon, South Korea from July 24-August 1, 2019, and to participate in all activities. I hereby release Bakersfield Sister City Project Corporation and the City of Bakersfield, its staff and volunteers of any liability in the event of accident or injury.

(NOTE: A MORE DETAILED RELEASE FORM AND MEDICAL INSURANCE INFORMATION WILL BE REQUIRED IF YOUR CHILD IS ACCEPTED TO PARTICIPATE IN THE TRIP).