



APPLICATION FORM
Sister City Exchange Program-Ushiku Japan

Applicant Information	
Full Name, as it appears on your passport	Birth Date (Year /Month/ Day) ____/____/____
Street Address:	Gender: () Male () Female () Non-binary/two-spirit/other
City: Postal Code:	
Email:	Phone:
School Name:	
Do you have a valid Passport? Yes No	Height in cm:
Passport Expiry Date:	
	Shoe Size:

Family Information	
Primary Contact Parent/Guardian (please specify relationship)	Occupation
Phone:	Email
Secondary Contact Parent/Guardian (please specify relationship)	Occupation
Phone:	Email
Additional Parents/Guardians (please specify relationship)	
Name and age of siblings and other members of your household	
Pets	
Alternate Emergency Contact (other than parents/guardians listed above) Name and relationship:	
Phone:	
Email:	

Medical Information
Yukon Health Care #
Do you have any disabilities or require any accommodations? (e.g. ADHD, autism, anxiety, seizures, speech, hearing, etc.) <input type="checkbox"/> YES <input type="checkbox"/> NO
Please specify:
Please state any medical conditions that we should be aware of:
Do you have any allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO
List your allergies:
Do you take any medications? <input type="checkbox"/> YES <input type="checkbox"/> NO
List your medications:
Will staff be required to administer medications? <input type="checkbox"/> YES <input type="checkbox"/> NO

Food Information
Do you have any food restrictions or dietary requirements? E.g. vegetarian, dairy free, gluten free YES NO
If yes, please describe your dietary requirements:
Do you have any food allergies? YES NO
If yes, please list each food allergy and the severity or typical reaction:
Do you require medications for your food allergy? YES NO
If yes, please give details on medication and dose:
Things for your host to know about your food allergy:
List your favourite foods:
List the foods you DO NOT enjoy eating:
What foods are you hoping to try in Japan?

Interests and Activities			
List any overnight trips you have taken with a school group or sport/recreation group.			
Group	Destination	Duration of trip	Year of Travel
List the places outside of Yukon you have visited in the past five years			
Destination		Duration of Trip	Year of Travel
Have you participated in previous exchanges? Yes No			
If yes, indicate the destination and length of stay			
Has your family hosted an exchange student in the past? Yes No			
If yes, indicate the country of origin, year, and length they stayed with you			
Do you speak any languages other than English? Rate your knowledge of languages other than English using GOOD, FAIR or POOR			
Language	Years studied	Spoken	Written
Which of the following best describes you? (pick one or two only)			
() Artistic	() Sociable		
() Athletic	() Creative		
() Musical	() Adventurous		
() Academic	() _____ (write your own)		
Pick one of each:			
I am (Reserved or Outgoing			
I am (Calm or Energetic, Active			
How do you spend your free time? With friends			
() Alone			
() With family			
List the specific sports, musical instruments / activities, clubs, hobbies and leisure activities in which you actively participate in during the year.			



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SPORTS	Total hours per week (approx.)
ARTS/MUSIC	Total hours per week (approx.)
CLUBS/GROUPS	Total hours per week (approx.)
HOBBIES/LEISURE ACTIVITIES	Total hours per week (approx.)

References	
<p>Name and contact information of three references</p> <ul style="list-style-type: none"> - please include at least one teacher, coach, group leader, or employer - you may include one personal reference (neighbour, family friend) - do NOT use a family member - include a daytime phone number and email address for each reference 	
Name:	Relationship to you (i.e. teacher, group leader)
Phone:	Email:
Name:	Relationship to you (i.e. teacher, group leader)
Phone:	Email:
Name:	Relationship to you (i.e. teacher, group leader)
Phone:	Email:

Essay Questions

Please answer the following questions. Use a long-answer format; each answer should be a paragraph of approximately 50 to 150 words.

**You may type your answers in the space provided or attach your answers in a separate document with reference to the question number: typed and double spaced.*

1. Why do you want to be a youth ambassador and what personal attributes and skills do you bring to this role?



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2. What do you think are the benefits of a student exchange with a foreign country?

3. After returning from Japan, how would you share what you learned and experienced? How would you continue to support the Sister City program?

4. What personal skills do you think are important when travelling with a group? Choose three and explain why each is important.

5. Tell us about a specific experience or achievement that you are proud of. Why are you proud of this achievement? What challenges did you face along the way and how did you overcome them?

6. Describe the 3 most important things you want to experience when you visit Japan.

7. You will be acting as an ambassador for the City of Whitehorse and the Yukon. What ideas do you have for promoting Whitehorse, Yukon and Canada to a Japanese Host Family?



Rules and Conditions of the Exchange Program

I/WE CONSENT to my child's participation in this exchange program and understand that he/she/we must abide by the Code of Conduct outlined for the duration of the exchange program.

MEDICAL AND DENTAL AUTHORIZATION: I authorize all medical and dental attention for my child judged necessary by medical authorities in the host country or the chaperones in the event of an accident or serious illness. I understand that every attempt will be made to reach me by telephone in case of emergency.

GROUP TRAVEL: I understand that my child must travel to and return from the exchange country with the exchange program group, without exception.

TRAVELLING IN THE HOST COUNTRY: I understand that travel during the exchanges program is restricted to excursions with the host family and City of Ushiku Officials, without exception.

I/WE PERMIT the City of Whitehorse to videotape and/or photograph my child while participating in program activities with the understanding that these materials may be used for promotional purposes.

EXPULSION FROM THE PROGRAM: The exchange program authorities reserve the right to immediately withdraw a student from the program and arrange for an early return home, with no liability or cost to the exchange program authorities or to the host family, for any of the following reasons:

- withholding information and/or failure to tell the truth on the application form or during the interview
failure to disclose any past or present medical treatment for physical or psychological conditions or disorders
use of illegal drugs or abuse of alcohol or smoking
failure to accept the authority of the exchange officials and or abide by the Conditions of Participation
failure to comply with the house rules of the host family, without exception
engagement in sexual activity
undertaking independent travel that is not with the host family or approved by the host family
receiving, creating or distributing information which is unlawful including but not limited to materials or images which are racist, pornographic, dangerous, obscene or inconsistent with the values of your hosting family
Suspected of breaking the law of the host country, including, without limitation, shoplifting, assault, vandalism, terrorism and murder

I/we realize that this is a limited program and that this application does not guarantee acceptance into the program. Furthermore, I/we understand that there are costs associated with it that is the responsibility of the parent/child.

Applicant Signature

Date

Parent Signature

Date

Instructions and Check list for completion of this application

Use the Check list to ensure that you have all the necessary parts for your applications

All questions are required to be answered in detail and should use standard English vocabulary as some information you provide will eventually be read by your host family and exchange official whose first language is not English. Please limit the use of slang and jargon.

()	<p>Application Form</p> <ul style="list-style-type: none"> - Including <ul style="list-style-type: none"> ○ Applicant and Family information ○ Medical information ○ Food information ○ Hobbies and Activities ○ References
()	<p>Essay questions</p>
()	<p>Signed application</p>
	<p>PLEASE NOTE:</p> <ul style="list-style-type: none"> - Your name which appears on page 1 of the application form MUST be the same name that appears on your passport. Do not include nicknames or short form. - An application cannot be processed if any of the questions are not answered or if any of the items listed above are missing.
	<p align="center">Deadline: Thursday February 29, 2024 by 10:00 pm</p> <ul style="list-style-type: none"> ○ Submit by Email: karen.mann@whitehorse.ca ○ Drop off in person: Canada Games Centre, 200 Hamilton Boulevard, attn: Keri Rutherford
	<p>Additional information found at : www.whitehorse.ca/Japan</p>