	The Friendship Force of Sanshine Coast Inc.
Exchange to	
With the Club of	

Ambassador Application Form

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 build 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.

	Last		First		Middle		
1.Name as shown on Passport:							
2. Address							
				Postcode			
3. 'Phone	Fax		Email				
4. Date of Birth (d/m/y)		Birthp	lace				
5. Sex Female Male (circle)	Martial Status	Single	Married Co	ouple (circle	one)		
6. Passport Number			Expiry Date d	/m/y			
7. I am currently a member of the Fi	eiendship Force of						
8. Other languages spoken. Circle p	roficiency)			Excel	Good Fair Poor		
				Excel	Good Fair Poor		
9. Current Job Title (or previous job	if retired.)						
10. List 3 interests or hobbies.							
11. Favourite Sports.							
12. Do you Smoke?							
13. Do you have any allergies, physical limitations, special diet or health conditions that require consideration? YES NO If YES please specify below. (i.e. vegetarian, walk with a cane, unable to walk up steps, allergic to penicillin, high blood pressure, hard of hearing)							
waik up steps, allergic to periicili	n, nigh blood pres	sure, m	ard or ricarring,	<u> </u>			
14. Please circle where you have tra	avelled. Europ	е	North Americ	a South	America		
Russia Middle East	Asia Afri	ca					
15. Please circle if you have participated in a home-stay (or similar program) before. As Host As Visitor							
16. If travelling with someone else please complete below.							
Name			Relationship		Age		
Name			Relationship		Age		
Note: This form must he signed on second page by yourself and Club President							

together with a parent/gu		dian. Ambassadors under 16 must be ho	sted
18. I understand I cannot tra	avel without suitable comprehe	nsive Travel and Sickness Insurance Initial	
19. Person to be contacted	n case of EMERGENCY.		
Name		Relationship	
Address			
Telephone Home	Work	Fax	
Email			
List here any information that	at may help your ED or may be	necessary for him/her to know:-	
		Attach sh	eet if more.
SIGNATURE OF YO	OUR CLUB PRESIDE	NT** \TE**	
	Ambassador Cor	nduct Pledge	
environment where friendship	s are established across the b	the objectives of the organization: to creaturiers that separate people. My main obtained understanding and friendship.	
promise to conduct myself in been given authority by The I interest of all parties concern	an exemplary manner. I under Friendship Force headquarters ed; the Exchange Director has be with the goals of The Friends	n the Club and the country from which I tr rstand the Exchange director of this exch to lead and conduct this exchange for the the Authority to remove any person from ship Force which were discussed at work	ange has e best a host
		ompleted this application to the best of sador Conduct Pledge and 1 agree to	
Ambassador Signature	***************************************	Date	

NB Both pages must be filled out and signed by your President before on forwarding to Exchange Director