



## 2017 GOODWILL AMBASSADOR APPLICATION FORM

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

University/College: \_\_\_\_\_

Year in School (if a current student): \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Current employer (if applicable): \_\_\_\_\_

Japanese speaking ability:      FLUENT              MODERATE              MINIMAL      NONE

How did you hear about the Goodwill Ambassador Program?

\_\_\_\_\_

Do you know someone who served as a Goodwill Ambassador? If so, please share his/her name with the Application Review Committee:

\_\_\_\_\_

Have you applied for the Goodwill Ambassador Program in the past?      Y      N  
If yes, please indicate when you last applied. \_\_\_\_\_

Please indicate when you are available for an in-person interview (circle all that apply):

|                       |         |         |
|-----------------------|---------|---------|
| Tuesday, December 6   | 3-5 PM  | 5-7 PM  |
| Wednesday, December 7 | 3-5 PM  | 5-7 PM  |
| Thursday, December 8  | 3-5 PM  | 5-7 PM  |
| Friday, December 9    | 9-11 AM | 1- 4 PM |

Recommendation Letter Contact

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Application Deadline: Wednesday, November 23, 2016**  
**Recommendation Letters MUST be received by Wednesday, November 23, 2016**