



PARTNERS of the AMERICAS
Connect • Serve • Change Lives

TRINIDAD CHAPTER



APPLICATION FORM

Instructions: Carefully and legibly complete this form

Applicant Information

First Name

Middle Name

Family Name

Home Address

☐ Male

Age

Date of Birth (Mo/Day/Yr)

Country of Birth

☐ Female

Home Telephone

Mobile Number

E-Mail Address

Family Information

Parent/Guardian

Father Name

Occupation

Name of Company

Home Address

Business Address

Business Numbers

Home Number

E-Mail Address

Parent/Guardian

Mother Name

Occupation

Name of Company

Home Address

Business Address



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Business Number

Home Number

E-Mail Address

Parent/Guardian

Guardian Name

Occupation

Name of Company

Home Address

Business Address

Business Number

Home Number

E-Mail Address

Relationship to Applicant

Education

Present School

School Name

Address

Form Teacher

CXC Qualification (Subjects & Grades)	



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youth
ambassadors

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If you have not sat CXC, list subjects

List other Qualification / Certification

Why are you the most suitable candidate for the Youth the Partners of the Americas Youth Ambassadors Program 2012?



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What is your Favourite Quote:

What inspires and challenges you daily?

What is your proudest moment to date?

Please state three changes you would like to see for Youth in Trinidad and Tobago



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State how you have or intend to contribute to your community/country?

Are you involved in any school activities?

☐

Yes

☐

No

If yes, please state

Are you involved in your community?

☐

Yes

☐

No

If yes, please state



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Are you involved in any religious groups?

☐

Yes

☐

No

If yes, please state

Are you involved in any extracurricular?

☐

Yes

☐

No

If yes, please state

Have you ever travelled to the United States of America?

☐

Yes

☐

No



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If yes, please state the last time and the purpose of your visit

Do you have family living in the United States of America?

☐

Yes

☐

No

If yes, please state relationship and state?

Please provide your Reference Contact Details:

(Someone who can elaborate on your character eg. a teacher, a pastor, a coach)

Name:

Address:

Relationship to you:

Contact Numbers:

Email address:



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I acknowledge that the information presented above is a true representation of the applicant. I also acknowledge that if selected further background checks will be done and if any discrepancies this will automatically forfeit my child/ward ability to participate in the Youth Ambassadors Program.

Parent/ Guardian

Applicant

Date

Date