



2019 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 4 3-5 PM 5-7 PM

Wednesday, December 5 3-5 PM 5-7 PM

Thursday, December 6 3-5 PM 5-7 PM

Recommendation Letter Contact

Name: _____

Phone: _____ Email: _____

Application Deadline: Friday, January 18, 2019

Recommendation Letters MUST be received by the Application Deadline