



# White Rock Youth Ambassador Program

c/o WRSS Chamber of Commerce • #100 15261 Russell Ave. White Rock BC V4B 2P7

## Contestant Profile

Full Name .....

Date of Birth  
(Day/month/year) .....

Address .....

City & Postal Code .....

Telephone(s) ..... Mobile:.....

E-mail .....

Citizenship .....

Contact Person(s) .....

Birthplace .....

Parents'/Guardians'  
Names .....

Siblings  
(brothers/sisters?) .....

Names & Ages .....

### Education

School .....

Graduation year .....

Future education  
goals .....

Languages spoken,  
written or studied .....

Other Studies .....

### Volunteer Work & Community Service

Name of group(s) .....

Role & Duties of  
group(s) .....

**Employment**

Name of Employer .....

Your Position .....

Hours of Work .....

**Hobbies & Interests**

School Clubs .....

Creative Interests .....

Sports .....

Special Training .....

Awards or Special Achievements .....

Why would you like to participate in the Youth Ambassador Program? .....

**Do you have any allergies or special medical problems of which we should be aware?  
Ex: Bee stings, food reactions?**

YES – Please explain .....

Or NO – Nothing of which I’m aware .....

Carecard Number .....

\_\_\_\_\_  
Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature