

# YOUTH AMBASSADORS PROGRAM WITH CANADA

Organized by

Center for the Study of Canada, SUNY Plattsburgh

with Support from the Bureau of Educational and Cultural Affairs, United States Department of State,  
The United States Embassy Ottawa & Fulbright Canada



## PROGRAM DESCRIPTION

The Youth Ambassadors Program with Canada is a three week exchange designed for Canadians to visit the United States. Conducted in the English language, the program brings together students, aged 15 to 18 years old, and adult mentors from across Canada to promote mutual understanding, increase leadership skills, and position youth to make a difference in their communities. Program themes include: civic education, community service, youth leadership, and social inclusion.

The program employs a highly interactive approach through a range of workshops, meetings, and site visits, plus home stays with American families. Through direct engagement with leaders of community, public, and private entities in several program locations, student and adult Youth Ambassador Participants will better understand civic participation and the rights and responsibilities of citizens in a democracy. Upon returning home, Youth Ambassadors will apply what they learned to implement community service projects that serve needs in their own communities, plus be engaged through mentoring, networking, and alumni network initiatives.

The Youth Ambassadors Program with Canada is an intensive program with three segments:

- 1) Pre-departure orientation in Ottawa, Ontario, Canada to take place July 20 to 21, 2015.
- 2) Exchange experience in the United States of America to include:
  - a) Plattsburgh, New York and the Adirondack Park from July 22 to August 2, 2015,
  - b) Hyde Park and New York City, New York from August 3 to 4, 2015,
  - c) Washington, D.C. from August 5 to 9, 2015.
- 3) Post-exchange implementation of community service activities in Canada, reporting, and alumni engagement.

The Youth Ambassadors Program with Canada delivers an exceptional content-rich, educational opportunity – an opportunity that will result in significantly deeper knowledge and appreciation by Youth Ambassadors of citizen-engaged participatory democracy in the United States, the value of community service activities, and the necessary leadership skills required to successfully undertake community service initiatives. An integral element of this program is for Youth Ambassadors to plan and implement a variety of in-country educational activities upon their return to Canada.

Travel, meal, and accommodation costs associated with exchange participation from July 20 to August 9 are covered by the program. Participants will be responsible for personal spending money. While participants will have health care benefits during the exchange in the United States, covered medical expenses are subject to limitation, and pre-existing conditions are not covered; participants will also be responsible for the \$25 co-pay required for each visit to a doctor's office in the United States.

**Application Timeline:** Applications are due Monday, March 30, 2015. Interviews for highly qualified applicants will take place in April 2015. Acceptance will be issued by May 2015.

## **APPLICANT ELIGIBILITY AND CRITERIA SELECTION**

The program sponsors seek energetic and mature applicants who are ready to advance their skills to be effective leaders in their schools and communities. Applicants must demonstrate motivation and commitment to active engagement in all three program segments of the Youth Ambassadors Program with Canada. Applicants are expected to present a clear interest in the United States, the three themes (civic education, community service, youth leadership), and sub-theme (social inclusion) of the exchange program.

Youth and adults with Canadian citizenship only are eligible to apply; dual U.S. citizens are not eligible. Applicants must have fluent English language skills. Preference will be given to applicants who have not had previous experience studying or traveling in the United States.

The group of selected participants must represent the diversity of Canada with characteristics that achieve geographic, ethnic, gender, and socio-economic balance. Preference will be given to youth applicants who are first generation Canadians, Canadians born outside Canada, and Canadians from indigenous populations including First Nations and Inuit.

**INVITATION FOR YOUTH APPLICATIONS:** Students must be between 15 and 18 years old at the start of the actual program on July 20, 2015. To be accepted for the program, youth must have at least one semester (a minimum of 4 months) remaining of secondary school or CEGEP after participation in the exchange. Permission for youth participation must be granted from both parents/legal guardians and schools.

Youth applicants will be evaluated on the following characteristics:

- A demonstrated interest in and commitment to volunteer participation in civic activities,
- Leadership potential,
- Good social and communication skills,
- Good academic performance,
- Ability and willingness to add value to the common experience,
- Ability to implement activities that benefit the applicant's school and/or community, and
- Ability to represent the diversity of Canada.

**INVITATION FOR ADULT MENTOR APPLICATIONS:** Adults active as teachers, trainers, school administrators, and/or community leaders who work with teenaged youth are highly encouraged to apply. Adults accepted for the program will demonstrate a commitment to supporting teenaged youth and to facilitating the youth participants of the exchange program to become productive and responsible members of society by serving as a key member of the post-exchange mentoring experience. While participating in the program, adults will be expected to assist with select tasks such as chaperoning, teaching, empowering youth, serving as a role model, and coordinating with program staff.

Adult applicants will be evaluated on the following characteristics:

- A demonstrated interest in and commitment to volunteer participation in civic activities,
- Demonstrated history of supporting youth activities,
- Strong record in teaching and/or youth program involvement, and
- Strong interpersonal and leadership skills.

The selection of youth and adult mentor participants for the Youth Ambassadors Program with Canada will be merit-based. Note that a criminal background check is required and will be undertaken for all selected participants. All selected participants are expected to be willing and available to periodically communicate with fellow program participants and administration to support in-country, follow-on community service project implementation and alumni activities after the exchange experience.

## APPLICATION INSTRUCTIONS

Please fill out the application as completely as possible in English. The information you provide on this application will serve as the basis for selecting semi-finalists for this program. Answer the questions carefully and completely. Before completing an application, applicants should thoroughly read the “Program Description, Applicant Eligibility and Criteria Selection, Application Instructions and Application Submission” to ensure the eligibility criteria is met. There is no fee to apply.

**ONLY COMPLETED APPLICATIONS WILL BE REVIEWED.** The complete application consists of:

- Application form,
- Short essays (answers required to all questions),
- Three References,
- *AUTHORITY FOR RELEASE OF INFORMATION – CANADA* form, and
- Adult applicants are to also submit a C.V. or résumé.

Questions regarding the Youth Ambassadors Program with Canada are welcome. Feel free to contact us at:

E-mail: [youth.ambassadors.canada@gmail.com](mailto:youth.ambassadors.canada@gmail.com)

Phone: (613) 688-5521 in Canada; or (518) 564-2385 in the U.S.A.

## APPLICATION SUBMISSION

**TO BE GUARANTEED FULL CONSIDERATION, PLEASE BE CERTAIN THAT THE COMPLETE APPLICATION IS RECEIVED NO LATER THAN THE APPLICATION DEADLINE OF MONDAY, MARCH 30, 2015.**

*Early submission of applications is highly encouraged.*

### SUBMISSION OPTION #1: ELECTRONIC

Applicants are welcome to send their completed application by e-mail as a scanned file, or fax, by the deadline to:

E-mail: [youth.ambassadors.canada@gmail.com](mailto:youth.ambassadors.canada@gmail.com)

Fax: (613) 237-2029

Note: Applicants who send their completed application electronically are also required to send by mail the original, hard copy *SIGNATURE* page of the application plus the *AUTHORITY FOR RELEASE OF INFORMATION – CANADA* form to Fulbright Canada at the mailing address listed below.

### SUBMISSION OPTION #2: MAIL

As an alternative to an electronic submission, applicants are welcome to mail their completed application to:

ATTN: Youth Ambassadors Program

Fulbright Canada

350 Albert Street, Suite 2015

Ottawa, ON K1R 1A4

Note: We strongly recommend that applications sent by mail be postmarked no later than March 23, 2015 to be guaranteed full consideration.

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## APPLICATION FORM FOR YOUTH

Legal Name \_\_\_\_\_  
*Last (Family) Name* *First Name* *Middle Name*  
(Enter name **exactly** as it appears on official documents.)

Preferred Name (if not First Name) \_\_\_\_\_ Gender (Check one) Male \_\_\_ Female \_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age you will be as of July 20, 2015 \_\_\_\_\_  
Day Month Year

Permanent Home Address \_\_\_\_\_  
*Number & Street* *Apt. Number*  
\_\_\_\_\_  
*City, Province/Territory* *Postal Code*

Telephone Home \_\_\_\_\_ Cell/Other \_\_\_\_\_  
Preferred Telephone (Check One) Home \_\_\_ Cell/Other \_\_\_

Email \_\_\_\_\_

Current mailing address for program correspondence, if different from above. From \_\_\_\_\_ To \_\_\_\_\_  
*Date* *Date*  
\_\_\_\_\_  
*Number & Street*  
\_\_\_\_\_  
*City, Province or Territory* *Postal Code*

If current address is a school, write school name \_\_\_\_\_

City and Country of Birth \_\_\_\_\_ Number of Years Living in Canada \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ Country of permanent legal residence \_\_\_\_\_

Do you have a valid passport? Yes \_\_\_ No \_\_\_ If yes, Issuing Country \_\_\_\_\_

Passport Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Note: Please be advised that a valid Canadian passport is required for participation in this program. Should you be accepted as a participant and not have a current Canadian passport, funds are available, if needed, to offset passport application fees.

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

*Last (Family) Name*

*First Name*

Have you lived and/or studied in the United States or in another country? Yes \_\_\_ No \_\_\_

If yes, where and when:

First Language \_\_\_\_\_ Additional Language Proficiency:

Language (write name of language and check all that apply)	Speak	Write	Read	Spoken at Home	Number of Years

Ethnic Origin (categories taken from the Canadian census; please check all that apply)

<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Black / African	<input type="checkbox"/> Chinese	<input type="checkbox"/> South Asian (e.g., East Indian, Pakistani, Sri Lankan, etc.)
<input type="checkbox"/> Filipino	<input type="checkbox"/> Hispanic / Latino	<input type="checkbox"/> Arab	<input type="checkbox"/> Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian, etc.)
<input type="checkbox"/> Korean	<input type="checkbox"/> Japanese	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> West Asian (e.g., Iranian, Afghan, etc.)
Aboriginal Person (Status or Non-Status Indian) <input type="checkbox"/> First Nations/North American Indian <input type="checkbox"/> Métis <input type="checkbox"/> Inuk	<input type="checkbox"/> Other – Specify:		

Secondary School Name \_\_\_\_\_ Current Level \_\_\_\_\_

Principal's Name \_\_\_\_\_ Entry Date \_\_\_\_\_ Expected Graduation \_\_\_\_\_  
*Date* *Date*

School Address \_\_\_\_\_  
*Number & Street* *Apt. Number*

\_\_\_\_\_  
*City, Province/Territory* *Postal Code*

School Type:

<input type="checkbox"/> Public	<input type="checkbox"/> Private	<input type="checkbox"/> Religious	<input type="checkbox"/> Home School	<input type="checkbox"/> Other
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List all other secondary schools, academic summer schools, enrichment programs and/or university courses you have attended:

School/Program/Course Name	Location (City, Province/Territory)	Dates Attended (month/year)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant Name: \_\_\_\_\_  
*Last (Family) Name* *First Name*

**PLEASE WRITE YOUR ANSWERS TO THE FOLLOWING QUESTIONS BELOW. IF ADDITIONAL SPACE IS NEEDED, YOU MAY ATTACH YOUR ANSWERS ON A SEPARATE PAGE.**

List all courses taken in last two academic years:

Describe your academic interests/coursework you enjoy studying:

Describe any honors or special recognition you have received, for what, and when:

Describe activities (extracurricular, community, hobbies, clubs, work, etc.) in which you participate, and how long you have been involved with each?

Describe your career interest(s):

Do you have a part time job? Yes \_\_\_\_ No \_\_\_\_ If yes, describe:

### SHORT ESSAY QUESTIONS

**PLEASE WRITE OR TYPE YOUR ANSWERS TO THE FOLLOWING MANDATORY QUESTIONS ON SEPARATE PAGES AND ATTACH TO YOUR APPLICATION. EACH ANSWER SHOULD BE NO MORE THAN A HALF PAGE IN LENGTH, TO TOTAL NO MORE THAN TWO PAGES FOR ALL ANSWERS TO THE SHORT ESSAY QUESTIONS.**

- A. Why is participation in this program important to you and/or your community?
- B. During this exchange, participants will act as ambassadors for their countries. How will you fulfill this role? What qualities does a good ambassador exhibit?
- C. What has helped you become an effective leader? What leadership skills would you like to improve?
- D. Identify a specific issue or problem affecting your school, neighborhood, or community. What might you do to help improve this issue or problem?
- E. Is there anything else you would like to share about yourself?

Applicant Name: \_\_\_\_\_  
Last (Family) Name First Name

**INFORMATION COLLECTED ON THIS PAGE IS FOR THE PURPOSE OF HOME STAY PLACEMENT IN PLATTSBURGH, NY, USA**

Dietary restrictions or preferences, if any \_\_\_\_\_  
 (For example, vegetarian, no pork, kosher, halal, no shellfish, etc.)

List allergies, if any \_\_\_\_\_  
 (For example, allergic to pollen, shellfish, peanuts, cats, dust, etc.)

Like many school boards, the Program is committed to a healthy and balanced diet. List some foods you eat regularly for breakfast, snacks, and dinner:

Are you open to trying new foods? Yes \_\_\_ No \_\_\_

Do you have any physical limitations or medical conditions we should be aware of? Yes \_\_\_ No \_\_\_  
 If yes, describe: \_\_\_\_\_

Religious preference, if any \_\_\_\_\_  
 How would you like to observe your religion while you are in the United States? We will do our best to accommodate your wishes.

<input type="checkbox"/> I do not want to observe a religion while in the United States	<input type="checkbox"/> I would like the opportunity to practice my religion in the United States. Choose one option below: <input type="checkbox"/> I am curious to see religious services of my faith in the United States <input type="checkbox"/> I would like the opportunity to pray or attend services regularly <input type="checkbox"/> It is very important to me to have the opportunity to pray or attend services regularly Please specify which services, if available, you would like to attend and when:
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If your host family attends religious services, they will invite you to join them. This is a good cultural exchange opportunity. Are you interested in doing this if the opportunity arises? Yes \_\_\_ No \_\_\_

Who lives in your household (parents, siblings, extended family, pets, others)?

How often do you perform chores at home (clean dishes/floors, help with cooking, babysit, take out the garbage, etc.) or help out around the house.

___ Often	___ Sometimes	___ Rarely	___ Never
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If you do help with household chores, what chores do you like to do?

Many American families have pets living in their homes. Please indicate whether you would be comfortable living in the following situations (check all that apply).

___ Dog(s) with free roam of the house	___ Dog(s) in the house, but kept out of my bedroom
___ Cat(s) with free roam of the house	___ Cat(s) in the house, but kept out of my bedroom
___ No cat(s) on my host family's property	___ No dog(s) on my host family's property

Do you smoke? Yes \_\_\_ No \_\_\_

Do you have access to high speed internet? Yes \_\_\_ No \_\_\_ If yes, describe where and how frequently do you use the internet.

Do you use social networking sites? Yes \_\_\_ No \_\_\_ If yes, which one(s) \_\_\_\_\_

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## SIGNATURE PAGE

Applicant Name: \_\_\_\_\_  
*Last (Family) Name* *First Name*

### SIGNATURE OF APPLICANT

With the submission of this application, I certify that all information provided is true.

\_\_\_\_\_  
Applicant Signature Date \_\_\_\_\_  
Day/Month/Year

### SIGNATURE OF PARENT/GUARDIAN

I permit my son/daughter to apply for and, if selected, to participate in this program.

\_\_\_\_\_  
Parent/Guardian Signature Date \_\_\_\_\_  
Day/Month/Year

Printed Name of Parent/Guardian: \_\_\_\_\_

### Parent/Guardian Contact Information

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
*Day* *Evening*

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
*Day* *Evening*

Email Address(es) \_\_\_\_\_

Mailing Address (if different from applicant's permanent mailing address)

\_\_\_\_\_  
*Number & Street*

\_\_\_\_\_  
*City, Province or Territory* *Postal Code*

**NOTE: THIS SIGNATURE PAGE, PLUS THE AUTHORITY FOR RELEASE OF INFORMATION – CANADA FORM, MUST BE SUBMITTED WITH ORIGINAL SIGNATURES IN HARD COPY FORM, AS PER THE APPLICATION INSTRUCTIONS.**



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## REFERENCE 1

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APPLICANT NAME \_\_\_\_\_

**FOR THE REFERENCE:** This program is an exchange program involving a three-week trip to the United States, a challenging academic environment, and intensive leadership training. To succeed, participants must be highly motivated, and able to adjust to living and working with people of different social and cultural backgrounds. Please be honest in your assessment of the applicant to help us select the most appropriate participants. If you would like to add additional comments, we encourage you to do so. Your recommendation will be evaluated along with the student's own application.

Please indicate your opinion of this applicant's ability to meet the challenges of this program. Check one:

<input type="checkbox"/> I strongly recommend this applicant	<input type="checkbox"/> I have minor reservations about recommending this applicant
<input type="checkbox"/> I recommend this applicant	<input type="checkbox"/> I have major reservations about recommending this applicant

How long, and in what context, have you known this applicant?

What are the applicant's strengths and weaknesses?

Please describe the applicant's behavior with respect to authority, peer relationships, and activities as best you are able.

Do you think the applicant would adapt well to unfamiliar environments and new situations? Why or why not?

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## REFERENCE 2

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Do you think the applicant would adapt well to unfamiliar environments and new situations? Why or why not?

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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## REFERENCE 3

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APPLICANT NAME \_\_\_\_\_

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<input type="checkbox"/> I strongly recommend this applicant	<input type="checkbox"/> I have minor reservations about recommending this applicant
<input type="checkbox"/> I recommend this applicant	<input type="checkbox"/> I have major reservations about recommending this applicant

How long, and in what context, have you known this applicant?

What are the applicant's strengths and weaknesses?

Please describe the applicant's behavior with respect to authority, peer relationships, and activities as best you are able.

Do you think the applicant would adapt well to unfamiliar environments and new situations? Why or why not?

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



**AUTHORITY FOR RELEASE OF INFORMATION - CANADA  
AUTORISATION DE DIVULGUER DES RENSEIGNEMENTS - CANADA**

**INSTRUCTIONS**

Please provide the following:

1. Your entire last and first name, with hyphens, apostrophes or other punctuation marks if applicable.
2. Any other names used (*maiden, nicknames, etc.*).
3. Your current nationality. If U.S. citizen, enter U.S.
4. Your date of birth and place of birth (*city, state, province or territory and country if applicable*).
5. Your current telephone number.
6. Driver's license number (*if applicable*).
7. State and/or province or territory where your driver's license was issued.
8. Current full address of residence (*number, street, unit number, quadrant, city, state and zip code*).

Veillez fournir les renseignements suivants:

1. Votre nom et prénom complets, incluant les traits d'union, les apostrophes les accents ou tout autre ponctuation, le cas échéant.
2. Tout autre nom employé (*nom de fille, surnom, etc.*).
3. Votre citoyenneté actuelle. Si vous êtes citoyen américain, écrivez États-Unis
4. Votre date et lieu de naissance (*ville, état, province ou territoire et pays s'il y a lieu*).
5. Votre numéro de téléphone actuel.
6. Numéro de votre permis de conduire, le cas échéant.
7. L'état, la province ou le territoire d'émission de votre permis de conduire.
8. Votre adresse actuelle complète (*numéro civique, rue, appartement, point cardinal, ville, état, province ou territoire et code postal*).

**REQUESTOR'S INFORMATION - RENSEIGNEMENTS SUR LE DEMANDEUR**

Full Name ( <i>Last, First, MI</i> ) - Nom au Complet ( <i>Nom, Prénom, Initiale</i> )		Any Other Names Used - Tout Autre Nom Employé	
Nationality - Citoyenneté		Date of Birth ( <i>mm-dd-yyyy</i> ) - Date de Naissance ( <i>mm-jj-aaaa</i> )	
Place of Birth - Lieu de Naissance		Telephone number - Numéro de telephone	
Driver's License Number(s) - Numéro(s) de permis de conduire	State, Province, or Territory Issued By- État, Province ou Territoire d'émission		
Current Address - Adresse Actuelle			

**AUTHORIZATION - AUTORISATION**

I hereby authorize any investigator of the United States Department of State and/or the United States Federal Bureau of Investigation (FBI), bearing this release or a copy thereof, within 180 days of its date, to obtain information from the Royal Canadian Mounted Police (RCMP), Ottawa Police Service, other Canadian police services, educational institutions, employers, criminal justice agencies, or individuals relating to my activities while in Canada. This information specifically includes verification of employment, verification of education and any disciplinary, arrest and/or conviction records. I hereby direct you to release such information upon request of the bearer.

J'autorise tout enquêteur du Département d'État des États-Unis et/ou du Bureau fédéral d'investigation (FBI) porteur du présent document ou d'une copie de celui-ci, à obtenir, dans un délai de 180 jours suivant la date de signature, des renseignements auprès de la Gendarmerie royale du Canada, du Service de police d'Ottawa, d'autres services de police canadiens, d'institutions académiques, d'employeurs, d'organismes de justice pénale, ou d'individus pertinents à mes activités au Canada. Ces renseignements comprennent notamment la vérification d'emploi et d'éducation et tout antécédent de mesures disciplinaires, d'arrestations ou de condamnations. Par la présente, j'autorise la divulgation de ces renseignements à la demande du porteur.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance, or any attempts to comply, with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated above.

Quiconque, y compris les archivistes, divulguera l'information conformément à la présente autorisation ne sera pas tenu responsable d'un préjudice qui pourrait m'être causé, quelle que soit sa nature. En cas de doute sur la validité de la présente, prière de communiquer avec moi tel qu'indiqué ci-haut.

Signature:

Date (*mm-dd-yyyy*)