



City of Denison Sister Cities Program 2024 YOUTH AMBASSADOR EXCHANGE PROGRAM PACKET

Please read and keep for your information

The Sister City Concept: City affiliations between the United States and other countries became a national effort when President Eisenhower proposed the People-to-People program at a White House Conference in 1956. To date, 1,200 American cities representing all 50 states have affiliated with 2,100 cities in 143 countries around the world. The objective of the program is to create goodwill and further international understanding at the community level on a continuing, long-term basis. It is not a movement to convert others to our democratic ideals, but rather a way to help learn about the people of other countries, their customs, their similarities as well as differences, and help chart a better road to understanding in the world. The Sister City program provides a vehicle by which cities in the United States can find a forum for this interchange of information, ideas and people through the process of affiliation with cities of similar interests in other countries. The President of the United States has historically been the Honorary Chairman and the program has widespread support from the State Department down to the local City Council.

Purpose of Student Exchange: To provide an opportunity for Denison students and families to develop understanding among the people and the culture of Cognac, France, through a family living experience.

Home Hosting: All delegates will be home hosted by host families. All delegates home host a Cognac student for minimum of 10-14 days upon their return to Denison. We will expect to host exchange students from our other cities (end of June – July). The specific dates will be determined at a later date.

Student's Time Commitment: During the selection process, **absence from an interview or selection activity could result in being disqualified.** Once selected, all delegates are required to attend orientation and, if applicable, language classes prior to departure; participate in, and play an active role, in the Denison Sister Cities Youth Ambassador Program and its activities; attend membership meetings, give talks about the exchange experience; work at the organization's fundraisers and, in general, promote the exchange program.

Student Responsibility Abroad: To be cooperative at every point of family living; to be helpful with the household and family duties; and to assume the same responsibility as the other members in the family. Each student is expected to participate in as many activities as possible and relate these learning experiences of living in a host country to others upon his/her return to Denison.

Cost and Deposit: Participants will be required to pay \$1,000 of the cost of the program, the remaining will be paid by Denison Sister Cities Association, and all delegates will be home hosted. Delegates are to provide their own spending money. All delegates home host their "brother/sister" for minimum of 10-14 days upon their return to Denison. **If selected, a \$500 non-refundable deposit (part of total payment) is due January 29, 2024.** Final balance is due at least 60 days prior to departure. Group activities and fundraisers can be planned to reduce the cost of hosting. Payment plans are available for families, please contact reinert@cityofdenison.com for more information.

Application Requirements: Open to 9th, 10th, and 11th grade students or as determined by the Board of Directors. Each applicant must be a U.S. citizen, be enrolled in a Denison school and live in Grayson County, be in good health (and, upon request, be able to supply a doctor's statement of verification) and commit to live in Denison or attend a school for his/her senior year of high school.

Applications: Applications are available online from **October 17, 2023 to November 30, 2023** from our website: cityofdenison.com, or available for pick up at the Denison High School Counseling Department. Completed applications must be received no later than **November 30, 2023**. Deliver completed applications to the Denison High School Counseling Department.

Responsibility of Parents of Youth Ambassadors: The Denison Sister Cities Association and the Youth Ambassadors Selection Committee require the support of the parents. All delegates' families are required to home host the international "brother/sister" for a minimum of 10-14 days in June-July. The parents are required to have their student available to participate in **all** activities and events upon their return home. Additionally, it is expected that the parents will participate in the organization's fundraising activities, if applicable.

Selection Process: All applicants will participate in one individual interview, group and social interview conducted by the Youth Ambassador Exchange Selection Committee. **Absence from an interview or selection activity could result in being disqualified.** Final selection will be made in **December**.

Special Notes: The Denison Sister Cities Association Board of Directors, in its sole discretion, reserves the right to revoke the selection of any delegates prior to departure and also to determine the need for an early return to Denison of any delegate at their parent's expense, due to any misconduct.

Passports: Obtaining a passport and any visas required is the responsibility of the delegate and his/her family. A copy or confirmation of the student's passport application must be received prior by **January 29, 2024** at the Parent/Student Orientation Meeting. It is recommended that delegates apply immediately following their selection.

Cancellation: Denison Sister Cities is not responsible, in the event that the Youth Ambassador Exchange Program must be postponed or cancelled. The Youth Ambassador and/or the family will be responsible for all penalties, total flight costs and/or cancellation fees in the event that the Youth Ambassador withdraws and/or is dismissed from the program for breaking the Youth Ambassador Exchange Program contract and/or code of conduct.

For any additional questions please contact Rachel Reinert, Denison Sister Cities Program Director, 903-647-7976 or reinert@cityofdenison.com.

2024 Youth Ambassador Exchange Program Schedule

October 17, 2023 – November 30, 2023

Applications available online: www.cityofdenison.com OR Denison HS

Deliver completed application to: Denison High School Counseling Department

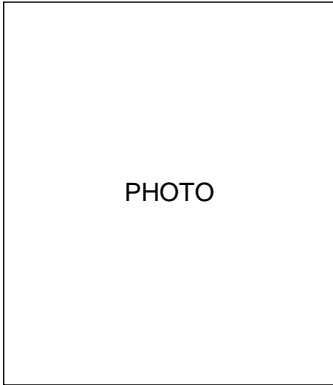
APPLICANT and/or PARENT ATTENDANCE IS REQUIRED AT ALL OF THE FOLLOWING EVENTS

October 17, 2023	Applications Open
November 30, 2023 5:00 pm	Applications Deadline
December 11, 2023 - December 19, 2023	Student Interviews/Parent Introductions at DHS Main Office Conference Room
December 20, 2023	Final Selections
January 2024	Home Visits
January 15, 2024	Passport Application Deadline
January 29, 2024 6:00pm	Orientation meeting with students and parents, DHS Library REMINDER – Down Payment and Proof of Passport Application Due
April 15, 2024	Balance DUE
April thru June	Orientation Meeting regarding culture, travel plans, etc.
Late June/July 2024	Exchange Program

Dates are subject to change, depending on the availability of meeting facilities and Committee members' schedules.

Please refer any questions to Rachel Reinert, Denison Sister Cities Program Director, at 903-647-7976. Applications are also available to download from the City of Denison web site: www.cityofdenison.com.

STUDENT APPLICATION FORM
City of Denison Sister Cities Program
2024 YOUTH AMBASSADOR
EXCHANGE PROGRAM



Must be received by 5:00 P. M., November 30, 2023.

Deliver completed application to:
 Denison High School Counseling Department

This form is available to download and print at www.cityofdenison.com

Candidate must answer each question. Then print, sign and attach a recent color photograph.

1. Name:
First Middle Last Nickname

2. Permanent Address:
Denison, Texas Zip:

Phone: Mobile: Home: Email:

3. Sex: Height: Birth Date: Age next June 1:

4. School: Current Year in School:

5. Foreign Languages Studied and how long for each?

6. Country of Birth: Country of Citizenship:

7. List school/church/community activities in which you participate:

Hobbies:

Work Experience:

8. What are your plans for the future (education and career)?

9. What summer vacation plans you may have?

10. Your Father's Full Name (First Middle Last)
 Living Deceased Age: Country of Birth:

Phone: (Home) (Mobile) Email:

Occupation / Position: Work Address:
 Work Phone:

11. Your Mother's Full Name (First Middle Last)
 Living Deceased Age: Country of Birth:

Phone: (Home) (Mobile) Email:

Occupation / Position:

Work Address:

Work Phone:

12. Age of brothers: (i.e. 1, 4, 8) Age of sisters: (i.e. 1, 4, 8)

13. Have you traveled abroad? If so, where and how many dates of stay?

14. Do you have relatives or family friends living abroad? If so, who and where?

15. Which, if any, of your brothers and/or sisters have participated in a foreign exchange program?

16. Has your family ever hosted a foreign exchange student? If so, who, what country and dates of stay?

17. Have you or your family done volunteer work for the Denison Sister Cities program? If so, briefly describe.

18. What is the state of your health? Are you taking ANY medications?

Do you have food/pet allergies? Explain:

Are you afraid to travel by airplane?

Do you experience motion sickness?

19. **CAREFULLY READ** the following statement before signing.

I, the undersigned below, understand that if chosen, must abide by all rules of responsible conduct expected of me while living with a host family. I further understand that I am expected to live in Grayson County and attend school in Denison.

Signature of Applicant

My son/daughter has my permission to apply for and participate in the Denison Sister Cities Youth Ambassador Exchange Program with Cognac, France. I (we) have read and understand the attached sheet explaining the program and our responsibilities. As the applicant's parent and/or guardian, and in the event my son/daughter is selected for the student exchange program, I hereby agree to authorize the host family in the above, mentioned city to act for me in an emergency, accident or illness.

Signature of Parent and/or Guardian

20. Self- Profile

In a typewritten personal statement of at least 500 words, but no more than two single spaced pages, please:

- a. Describe yourself, your interests and your family.
- b. Describe a day in your life during the summer.
- c. Describe a day during the school year.

21. TO BE ANSWERED BY A PARENT OR THE GUARDIAN

In a typewritten personal statement of at least 100 words, but no more than two single spaced pages, please describe your son/daughter.

22. TEACHER EVALUATION

Give the attached Teacher Evaluation form to a minimum of two (2) present or former high school teachers.

23. CHECK LIST

- A color photo, sharp and suitable for reproduction and a color copy of your passport. (if you have one)
- Parent's statement
- Student's statement
- Parent's signature on application
- Student's signature on application
- Two (2) teacher evaluations

Deliver completed application to: Denison High School Counseling Department
Note: Please do not staple the pages of the application together

TEACHER EVALUATION FORM

City of Denison Sister Cities Program

Youth Ambassador Exchange Program 2024

The City of Denison Sister Cities Program is currently seeking high school sophomore and juniors to represent Denison in our youth ambassador program with our sister city, Cognac, France. The students live with a host family for minimum 10-14 days and then host a student in their home in Denison for minimum of 10-14 days, making it essential that the students selected, to be capable of adapting to many cultural differences. The students who apply are all qualified, making the final selection very difficult. We value your comments, and as you complete this form, be assured that the information given will be confidential and available only to the Selection Committee members.

STUDENT: Fill in your name and the name of the teacher that you have chosen to give you a recommendation. The form is to be given to the teacher to complete. It is the student's responsibility to collect from the teacher and include in application.

TEACHER: Complete the questions and return to
2023.

Deliver to: Denison High School Counseling Department

Student Name:

Teacher Name:

How long have you known this student and in what context?

What are the first words that come to your mind that would describe this student?

List the courses that you have taught this student; rate the difficulty (accelerated, honors, elective, etc.)

Please mark the appropriate box with an "X":

RATING	No Basis	Below Average	Average	Very Good	Excellent	One of Best Ever
Maturity						
Motivation						
Communication Skills						
Flexible Attitude						
Sense of Humor						
Self Confidence						
Leadership Abilities						
Consideration of Others						
Independence						
Reliability						

SPECIFIC QUESTIONS (answer only if you feel qualified to do so):

1. How do you think this student would adjust to living with a foreign student for the summer?

2. From your observations, how do other teachers and students perceive this student socially?

3. Are there any specific reasons we should select this student over any other student?

4. Are there any specific reasons we should not select this student?

5. Other remarks:

Special request:

If there should be additional, pertinent information (positive or negative) that you would like to convey to the Selection Committee, please call Rachel Reinert, Program Director at 903-647-7976.

Signature

School and Department

Date

TEACHER EVALUATION FORM

City of Denison Sister Cities Program

Youth Ambassador Exchange Program 2024

The City of Denison Sister Cities Program is currently seeking high school sophomore and juniors to represent Denison in our youth ambassador program with our sister city, Cognac, France. The students live with a host family for minimum 10-14 days and then host a student in their home in Denison for minimum of 10-14 days, making it essential that the students selected, to be capable of adapting to many cultural differences. The students who apply are all qualified, making the final selection very difficult. We value your comments, and as you complete this form, be assured that the information given will be confidential and available only to the Selection Committee members.

STUDENT: Fill in your name and the name of the teacher that you have chosen to give you a recommendation. The form is to be given to the teacher to complete. It is the student's responsibility to collect from the teacher and include in application.

TEACHER: Complete the questions and return to student. The application deadline is November 30, 2023.

Deliver to: Denison High School Counseling Department

Student Name:

Teacher Name:

How long have you known this student and in what context?

What are the first words that come to your mind that would describe this student?

List the courses that you have taught this student; rate the difficulty (accelerated, honors, elective, etc.)

Please mark the appropriate box with an "X":

RATING	No Basis	Below Average	Average	Very Good	Excellent	One of Best Ever
Maturity						
Motivation						
Communication Skills						
Flexible Attitude						
Sense of Humor						
Self Confidence						
Leadership Abilities						
Consideration of Others						
Independence						
Reliability						

SPECIFIC QUESTIONS (answer only if you feel qualified to do so):

6. How do you think this student would adjust to living with a foreign student for the summer?

7. From your observations, how do other teachers and students perceive this student socially?

8. Are there any specific reasons we should select this student over any other student?

9. Are there any specific reasons we should not select this student?

10. Other remarks:

Special request:

If there should be additional, pertinent information (positive or negative) that you would like to convey to the Selection Committee, please call Rachel Reinert, Program Director at 903-647-7976.

Signature

School and Department

Date

Denison Sister Cities Youth Ambassador Exchange Host Family Application / Affidavit

Host Father

Personal Information / Host Father					
Full Name: (Last) (First) (Middle)					Date
Address:					
City:				State	Zip
Social Security No :					Gender: M <input type="checkbox"/> / F <input type="checkbox"/>
Home # ()		Business # ()		Fax # () Cell # ()	
Date of Birth (yyyy/mm/dd)	Email address			Drivers License (only upon request):	
Foreign Language	Country of birth:			State DL issued	
Are you a Denison Sister Cities Member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how long?		
Organizations / clubs? (Rotary, Lions, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list all past & current		
Have you ever been convicted of or plead guilty to any crime(s)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe in full. Include date(s) of crime(s) and in which country and state each took place. (Attach separate sheet if necessary)		
Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Personal References					
<i>Please list three personal references (not relatives)</i>					
Full Name:		Relationship:			
Address, City State, Zip			Phone: ()		
Full Name:		Relationship:			
Address, City State, Zip			Phone: ()		
Full Name:		Relationship:			
Address, City State, Zip			Phone: ()		
Employment History (5 years – please attach additional sheets, if necessary)					
Current:		Phone: ()			
Address, City State, Zip			Supervisor:		
Previous:		Phone: ()			
Address, City State, Zip			Supervisor:		
Please tell us your main reason for wishing to participate in the Denison Sister Cities Youth Exchange Program. (Please attach additional sheet if necessary)					

**Denison Sister Cities Youth Ambassador
Exchange
Host Family Application / Affidavit
Host Mother / Partner**

Personal Information									
Full Name: (Last)			(First)			(Middle)			Date
Address:									
City:						State		Zip	
Social Security No :							Gender M <input type="checkbox"/> / F <input type="checkbox"/>		
Home # ()			Business # ()			Fax # ()		Cell # ()	
Date of Birth (yyyy/mm/dd)		Email address				Drivers License (only upon request):			
Foreign Language		Country of birth:				State DL issued			
Are you a Denison Sister Cities Member?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how long?			
Organizations / clubs? (Rotary, Lions)				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list all past & current			
Have you ever been convicted of or plead guilty to any crime(s)?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe in full. Include date(s) of crime(s) and in which country and state each took place. (Attach separate sheet if necessary)			
Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Personal References									
<i>Please list three personal references (not relatives)</i>									
Full Name:			Relationship:						
Address, City State, Zip									Phone: ()
Full Name:			Relationship:						
Address, City State, Zip									Phone: ()
Full Name:			Relationship:						
Address, City State, Zip									Phone: ()
Employment History (5 years – please attach additional sheets, if necessary)									
Current:									Phone: ()
Address, City State, Zip			Supervisor:						
Previous:									Phone: ()
Address, City State, Zip			Supervisor:						
Please tell us your main reason for wishing to participate in the Denison Sister Cities Youth Ambassador Exchange Program. (Please attach additional sheet if necessary)									

**Denison Sister
Cities
Host Family Application / Affidavit
Household**

Volunteer History with Youth - Host Father (please attach additional sheets, if necessary)					
Organization Name			Director's Name		
Address			City	State	Zip
Telephone		Position	Dates Held		
Volunteer History with Youth - Host Mother - Partner (please attach additional sheets, if necessary)					
Organization Name			Director's Name		
Address			City	State	Zip
Telephone		Position	Dates Held		
Previous Organization Name			Director's Name		
Address			City	State	Zip
Telephone		Position	Dates Held		
Prior Residence: (If less than five years at current residence)					
Prior Address:			How Long at this address?		
City		State:	<input type="checkbox"/>	<input type="checkbox"/>	Zip / Postal Code:
Have you been a Host Family in the past?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, where and when:		
Do you have pets inside your home?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list all types:		
Have any Family members traveled abroad? If so, tell us whom and where they traveled.	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Name and Address of School student will attend:					
Family Hobbies / Special Interest:					
List children and others living in home full or part-time (please attach additional sheets, if necessary)					
Name	Gender	Age	Name	Gender	Age
Please tell us your preferences:					
Would you Prefer Boy <input type="checkbox"/> Girl <input type="checkbox"/> Either <input type="checkbox"/>			Do you have any driving restriction? Yes <input type="checkbox"/> No <input type="checkbox"/> Exchange time <input type="checkbox"/> Summer <input type="checkbox"/>		
Will the student share a bedroom?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, with whom?	

Denison Sister Cities Youth Ambassador Exchange Affidavit

HOST FATHER / MOTHER - PARTNER

Denison Sister Cities is committed to creating and maintaining the safest possible environment for all participants in Denison Sister Cities Youth Exchange Program activities. It is the duty of all members, member's spouses, partners, Host Families and any other volunteers to safeguard, to the best of their ability, the welfare of and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact.

WAIVER / CONSENT/ RELEASE

I certify that all of the statements in this affidavit, and in any attachments hereto, are true and correct to the best of my knowledge. I also certify that I have not withheld any information that would affect this affidavit unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration for any volunteer position with the **Denison Sister Cities** Youth Exchange program or its affiliates. I further certify that I understand that **Denison Sister Cities** Youth Exchange program's intent is to deny a position to anyone convicted of a crime of violence or a crime against another person.

I hereby authorize the **City of Denison Sister Cities** Program to request and receive any and all background information about/concerning me, including but not limited to my Criminal History, Social Security Number Trace, including a consumer report under the **Fair Credit Reporting Act, 15 U.S.C 1681**, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers. The Fair Credit Reporting Act states that any access to credit history must be disclosed to the applicant. **The background check program verifies the Name, SS# (upon request) and DOB** with the Credit Bureau Equifax, therefore the Fair Credit Reporting Act rules apply. **This search will NOT access or disclose ANY financial history or personal information not applicable to the criminal history report.** I understand that this information will be used to determine my eligibility for a volunteer position with the **City of Denison Sister Cities** Youth Ambassador Exchange program. I also understand that as long as I remain a volunteer with **Denison Sister Cities** Youth Ambassador Exchange, the criminal history records check may be repeated as deemed necessary. I understand that I will have an opportunity to review the criminal history report and that there is a procedure available for clarification, if I dispute the record as received. I understand that a home visit will be conducted to evaluate the environment in which the student will be home hosted.

I waive any right to assert that such an investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved in the **Denison Sister Cities** Youth Ambassador Exchange program, and I fully consent to such investigations.

IN CONSIDERATION of my acceptance and participation in the Youth Ambassador Exchange program, I, to the fullest extent permitted by law, hereby release and agree to save, hold harmless and indemnify, all members, officers, directors, committee members and employees of the City of Denison Sister Cities program, from any or all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence of any of the Indemnities, which may be suffered or claimed by me as a result of an investigation of my background in connection with this affidavit or participation in the Youth Exchange program.

I further agree to conform to the rules, regulations, and policies of **Denison Sister Cities** Youth Ambassador Exchange program and its affiliates, and understand that my service can be modified or terminated, with or without notice or cause, at any time, at the option of either the **Denison Sister Cities** Youth Ambassador Exchange program or its affiliates, or at my option. I understand and agree that the **Denison Sister Cities** Youth Ambassador Exchange program or its affiliates may, in their sole discretion, decline to accept my application for volunteer services with or without cause.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE AFFIDAVIT,
WAIVER, CONSENT AND RELEASE, AND THAT I SIGN THIS FORM VOLUNTARILY.**

Signature of Applicant (Host Father)

Print (Host Father's name)

Date

Signature of Applicant (Host Mother-Partner)

Print (Host Mother-Partner name)

Date

In-home Interview conducted by:	Date:	Host Father Initial
		Host Mother Initial
Denison Sister Cities Youth Ambassador Exchange Action taken		NO <input type="checkbox"/>
		Accepted Host
		Date:
		1 / 2 / 3
Notice sent to applicant	YES <input type="checkbox"/>	Date:

Denison Sister Cities Youth Exchange Host Family Application / Affidavit

ADDENDUM(S) 18 YEARS OR OLDER

Personal Information / Host Family Member – Completed for each additional adult (18 years or older) living full or part-time in the home of the applicant (s)
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Full Name: (Last) (First) (Middle)			Date
Address:			
City:		State	Zip
Social Security No:			Gender: M <input type="checkbox"/> / F <input type="checkbox"/>
Home # ()	Business # ()	Fax # ()	Cell # ()
Date of Birth (yyyy/mm/dd):	Email address		Drivers License (only upon request):
Foreign Language	Country of birth:		State DL issued
Are you a Denison Sister Cities Member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, How long?
Organizations / clubs? (Rotary, Lions, etc.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list all past & current
Have you ever been convicted of or plead guilty to any crime(s)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, describe in full. Include date(s) of crime(s) and in which country and state each took place. (Attach separate sheet if necessary) _____ _____ _____
Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Personal References

*Please list **three** personal references (not relatives)*

Full Name:	Relationship:
Address, City State, Zip	Phone: ()
Full Name:	Relationship:
Address, City State, Zip	Phone: ()
Full Name:	Relationship:
Address, City State, Zip	Phone: ()

Employment History (5 years – please attach additional sheets, if necessary)

Current:	Phone: ()
Address, City State, Zip	Supervisor:
Previous:	Phone: ()
Address, City State, Zip	Supervisor:

**Denison Sister Cities
Youth Ambassador Exchange
Affidavit**

HOST FAMILY MEMBER 18 YEARS OLD OR OLDER

Denison Sister Cities is committed to creating and maintaining the safest possible environment for all participants in activities. It is the duty of all members, members' spouses, partners, Host Families and any other volunteers to safeguard to the best of their ability the welfare of and to prevent the physical, sexual, or emotional abuse of children and young people with whom they come into contact.

I certify that all of the statements in this affidavit, and in any attachments hereto, are true and correct to the best of my knowledge. I also certify that I have not withheld any information that would affect this affidavit unfavorably, if disclosed. I understand that any omission of facts or misrepresentation will result in my elimination from consideration for any volunteer position with the **Denison Sister Cities** Youth Ambassador Exchange program or its affiliates. I further certify that I understand that **Denison Sister Cities** Youth Ambassador Exchange program's intent is to deny a position to anyone convicted of a crime of violence or a crime against another person.

I hereby authorize **Denison Sister Cities** Youth Ambassador Exchange, to request and receive any and all background information about/concerning me, including but not limited to my Criminal History, Social Security Number Trace, including a consumer report under the **Fair Credit Reporting Act, 15 U.S.C 1681**, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers. The Fair Credit Reporting Act states that any access to credit history must be disclosed to the applicant. **The background check program verifies the Name, SS# (upon request) and DOB** with the Credit Bureau Equifax, therefore the Fair Credit Reporting Act rules apply. **This search will NOT access or disclose ANY financial history or personal information not applicable to the criminal history report.** I understand that this information will be used to determine my eligibility for a volunteer position with the **Denison Sister Cities** Youth Ambassador Exchange program. I also understand that as long as I remain a volunteer with **Denison Sister Cities** Youth Ambassador Exchange, the criminal history records check may be repeated as deemed necessary. I understand that I will have an opportunity to review the criminal history report and that there is a procedure available for clarification, if I dispute the record as received.

I waive any right to assert that such an investigation or request constitutes an invasion of my privacy. I recognize that such inquiries are in the interest of all persons involved in the **Denison Sister Cities** Youth Ambassador Exchange program, and I fully consent to such investigations.

IN CONSIDERATION of my acceptance and participation in the Youth Ambassador Exchange program, I, to the fullest extent permitted by law, hereby release and agree to save, hold harmless and indemnify, all members, officers, directors, committee members and members of the City of Denison Sister Cities program and the **Denison Sister Cities** Youth Exchange Program from any or all liability for any loss, property damage, personal injury or death, including any such liability which may arise out of the negligence of any of the Indemnities, which may be suffered or claimed by me as a result of an investigation of my background in connection with this affidavit or participation in the Youth Ambassador Exchange program.

I further agree to conform to the rules, regulations, and policies of **Denison Sister Cities** Youth Ambassador Exchange program and its affiliates, and understand that my service can be modified or terminated, with or without notice or cause, at any time, at the option of either the **Denison Sister Cities** Youth Ambassador Exchange program or its affiliates, or at my option. I understand and agree that the **Denison Sister Cities** Youth Ambassador Exchange program or its affiliates may, in their sole discretion, decline to accept my application for volunteer services with or without cause.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE AFFIDAVIT,
WAIVER, CONSENT AND RELEASE, AND THAT I SIGN THIS FORM VOLUNTARILY.**

Signature of Applicant
(Host Family Member-18 years or older)

Print Name of Applicant
(Host Family Member-18 years or older)

Date