



**SAUSALITO - SAKAIDE SISTER CITY
STUDENT EXCHANGE PROGRAM**



Visiting Instructor Application

If handwritten, please write legibly.

Submission information is at the end of this application form.

First Name:		Last Name:		Date of Birth (mm/dd/yyyy):	
Street Address:					
City:			State:		ZIP Code:
Home Phone:		Cell Phone:		Work Phone:	
Email:	Primary:				
	Secondary:				

Languages:	Level of Proficiency:		
	Advanced	Intermediate	Basic

Level of Education:	Occupation:
Work Experience:	Work Experience:
Volunteer Activities:	Volunteer Activities:

Hobbies:

Sakaide Sister City Experiences	
Experience:	Dates:

Health Issues:	poor	<->	excellent
List	1	2	3 4 5
Last physical exam (date):	Last dental checkup (date):		

Teaching / tutoring experience (list experience & age groups with dates)

Up to date Passport (Yes/No)	Expiration Date
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References Please provide:		
- Two academic or work/professional/volunteer supervisor references.		
-One personal reference, Include name, phone, email, organization that they work for or relationship to you.		
Name	Phone Email	Organization that they work for and relationship to you



**Application is to be submitted
either by email or by mail to:**

Keith Schellin

Via Email:

kasinjpn@icloud.com

Via Mail:

3001 Bridgeway Suite 369
Sausalito, CA 94965

Due Date:

Friday March 11th 2016