



**c/o SSWR Chamber of Commerce
#22 – 1480 Foster Street
White Rock, BC V4B 3X7
Email: iona@wrya.ca**

CANDIDATE PROFILE

PERSONAL INFORMATION

Full Name _____

Address _____

City and Postal Code _____

Telephone(s) _____

Email _____

Date of Birth
(Day/Month/Year) _____

Birthplace _____

Citizenship _____

Contact Person(s) _____

Parents'/Guardian's Names
Siblings (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 White Rock Youth Ambassador Program?

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

YES – Please explain _____

Or NO – Nothing of which I am aware.

Carecard Number: _____

Candidate's Signature

Date

Parent/Guardian Signature

Date