

YRDSB 2018 Summer Teach Abroad Student Volunteer Program

APPLICATION FORM

Last Name:	First Name(s):	
Date of Birth (DD/MM/YYYY):	Gender (Please Circle): Male Female	
Home Address:	Home Phone Number:	
	Cell Phone Number:	
Country of Citizenship:	Native Language:	Other Languages Spoken:
Current School:	Grade:	
Principal's Name:	School Address and Phone Number:	
Student Email Address:	Parent Cell Phone Number(s)	
Parent Email Address:	Emergency Contact Name and Number:	
Reference 1	Reference 2	
Name:	Name:	
School:	School:	
Subject Taught:	Subject Taught:	
Email Address:	Email Address:	
Have You Participated in this program before? (Please Circle)		
YES NO		

Tell us what you can bring to this program. (Maximum 250 words)		
Ten as what you can bring to this program. (Maximam 250 Words)		
Tell us what you expect to learn from this program. (Maximum 200 words)		
Tell us what you expect to learn from this program. (Maximum 200 words)		
Signature of Applicant:	Date:	
Signature of Parent/Guardian:	Date:	
o.ga.a		

Application Deadline: March 31, 2018

For further information, please contact:

Ms. Eden Xiao
Community & International Education Services
Dr. Bette Stephenson Centre for Learning
36 Regatta Avenue, Richmond Hill, Ontario L4E 4R1

●Tel: 905-884 2046 Ext. 259 ● Fax: 905-773 2406 ● Email: teach.abroad@yrdsb.ca

