

AACE
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Homepage: www.acestudentexchange.org



Representative Application

PLEASE PRINT WITH BLACK INK ONLY

Social Security No.: _____

Full Name: _____
last first middle

Name you are called: _____ Date of Birth: ____/____/____

Country of Birth: _____ Home Telephone: (____) _____

Cell Phone: _____ Email: _____

Present Home Address: _____

City: _____ State: _____ Zip: _____

Yrs. at this address: _____. If less than 3 years, list previous address below:

CHILDREN: (None ____)

Name _____ Age _____ Sex ____ Live at home? _____

Name _____ Age _____ Sex ____ Live at home? _____

Name _____ Age _____ Sex ____ Live at home? _____

Name _____ Age _____ Sex ____ Live at home? _____

Name _____ Age _____ Sex ____ Live at home? _____

EMPLOYMENT:

Most Recent Employer _____

Address _____

Dates of Employment _____ Position _____

Military Experience: _____

Discharge Date _____ Rank/Specialty _____ Branch: _____

EDUCATION:

Last School/College Attended _____

Dates Attending Diploma/Degree & Date _____

Clubs, hobbies, interests: _____

PERSONAL REFERENCES (NO RELATIVES):

	NAME	ADDRESS	TELEPHONE
1.	_____		
2.	_____		
3.	_____		

List any foreign language proficiency that you have:

Describe your experience with foreign cultures or travel abroad:

Describe any experience that you have had with foreign exchange students:

List any experience that you have had working youths:

Why do you want to be an AACE Representative?

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