

THIS IS THE APPLICATION ~ PRINT THIS PAGE!!!

PLEASE ALLOW FOUR TO SIX WEEKS TO PROCESS THANK YOU FOR YOUR PATIENCE.



Form CR-AppHC-1

STAFF USE ONLY: ****

Passport # _____

EXP. DATE ____/____/____

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OFFICE OF THE SECRETARY GENERAL		
APPLICATION FOR GOODWILL AMBASSADOR		

FULL NAME		

STREET ADDRESS		

CITY, STATE, COUNTRY, POSTAL CODE		

TELEPHONE, FAX, AND EMAIL		
_____/_____/_____		
BIRTHDATE: DAY, MONTH, YEAR	BIRTHPLACE: CITY, STATE, COUNTRY	
_____	_____	_____
SEX	EYE COLOR	HAIR COLOR
_____	_____	_____
HEIGHT (FT/M)	WEIGHT (LB/K)	DISTINGUISHING MARKS
_____	_____	_____
CITY, STATE, AND COUNTRY ASSIGNED TO GOODWILL AMBASSADOR		

ADDITIONAL TITLES		

PLEASE ATTACH FOUR PASSPORT PHOTOS AND A COPY OF VALID ID, DRIVERS LICENSE, COPY OF PASSPORT, OR BIRTH CERTIFICATE TO THIS APPLICATION		



OFFICE OF THE SECRETARY GENERAL

AFFIDAVIT OF

GOODWILL AMBASSADOR

THE UNDERSIGNED SOLEMNLY SWEARS
THAT THEY HAVE NEVER BEEN
CONVICTED OF A SERIOUS CRIME
INVOLVING LIFE OR PROPERTY, AND
THAT THEY ARE OF GOOD CHARACTER:

SWORN AND SUBSCRIBED TO:

SIGNATURE

_____/_____/_____
DATE

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