

United Nations of Young Ambassadors Request Form  
TO SUBMIT: Please print, fold and mail

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

*Please check all that apply:*

- I am Interested in being a host family; I am in \_\_\_\_\_ School District
- I Would like a presentation to a Group; name of Group \_\_\_\_\_  
Location/City \_\_\_\_\_
- I Would like to make a contribution; please call me
- I Would like more questions answered; please call me
- I Have a student that might be interested in services
- I would like to volunteer some time to Student Visions
- I am a teacher and would be interested in teaching a class or tutoring in \_\_\_\_\_  
(subject)

Phone: (503)977-1734 - email: info@studentvisions.org - Web: www.studentvisions.org

**student visions**   
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Lake Oswego, OR 97035  
www.studentvisions.org

First  
Class  
Postage  
Here

Send to: Student Visions  
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Suite 320  
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