School Age Ambassador Application

Child's Name (Last, First) _____

Nicknames/Preferred Name: _____

Age: _____

Grade: _____

Parent/Guardian Name (Last, First) _____

Email address _____

Phone Number _____

1. Why do you want to become a School Age Ambassador?

2. What leadership qualities do you have that will make you a successful Ambassador?

Child signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____