

AMBASSADOR APPLICATION

contact information

Name: _____

Address: _____

Cell Phone: ____ - ____ - _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: ____ - ____ - _____

Educational background: _____

Have you ever been convicted of a crime (other than minor traffic violations)? _____

If so, please explain: _____

availability and interests

What days of the week are you available to volunteer?

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |

Do you have health restrictions that would prevent you from standing for lengthy periods of time? ____

Tell us in which of the following areas you are interested in volunteering:

___ Concerts

___ Book Talks

___ Lectures

___ Religious Holidays/Services

why us?

Briefly explain why you want to become a Sixth & I ambassador. What Sixth & I events have you attended?

agreement and signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Signature

Full Name (Print)

Date