

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