

Ronald McDonald House Charities® of Maine

Teen Ambassador Application Form

Applicant Name:	Date of Birth:
Address: City:	State:Zip Code:
Name of School:	Grade:
Preferred Phone: ()	Email:
	t):
Emergency Contact:	Relationship:
	Alternate Phone: ()
Please list the activities you are involv	ved in (sports, music, theater, community service, clubs, etc)
How would you plan to fit the month	ly meetings, activities and events into your schedule?
Why do you believe you should be se	elected as a member of our Teen Ambassador Program?
What experience have you had that v	vould help make a contribution to the Ambassador Program?
What do you hope to gain from this p	program?

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References

Please provide two letters of reference with your application. Reference forms are attached. References must be 21 years of age or older and non-family members. One reference must be from a school teacher, advisor, coach, guidance counselor or other community leader.

Statement of Commitment

If selected, I agree to attend scheduled meetings and be an active participant in all activities and events. I am aware that this is a full school year commitment. I understand that lack of active participation greatly diminishes the Teen Ambassador program and that lack of participation may be cause for dismissal from the program. I will make my best effort to obtain materials from the appropriate person, and continue my support when I have missed a meeting.

Signature of Applicant	Date

Please return your completed application packet to RMHC Maine. Interviews for all applicants will take place in the spring of 2018.