



Dear Parent,

The Ronald McDonald House Charities® of Maine Teen Ambassador program provides a vehicle for young people to become involved in the agency, merging civic engagement and leadership development for high school students. By engaging teens in our agency, we bring new energy into our mission-based work while developing future leaders of our communities. The Teen Ambassador program is operated and administered by trained RMHC Maine volunteers, adult Advisors, who will oversee the teen participants while at the House.

The Teen Ambassador Program session dates are May 2018 through April 2019. All applicants must be a current high school student entering grades 9-12. If selected, Teen Ambassadors must attend scheduled meetings and be an active participant in all activities and events. The Teen Ambassadors will meet approximately eight times during the school year and participate in 3 to 4 service projects. We estimate an average time commitment of 8 hours per month for a period of 1 year with the option to renew for additional years beyond that, provided the teen participant successfully meets his or her responsibilities.

All of the materials included in this packet must be received in RMHC Maine by **Friday, August 9, 2019**. Please note, two people unrelated to your teen will need to fill out the enclosed recommendation form and return it as part of the application packet. One reference must be from a school teacher, advisor, coach, guidance counselor or other community leader. References must be 21 years of age or older and non-family members.

After all the forms are received, we will contact your teen to schedule a personal interview in May 2018. We will select participants for the program based on his/her qualifications and personal interview.

Applicants will be notified of their acceptance. Once your teen has been accepted into the program, the next step for any new Teen Ambassador will be to attend one mandatory orientation, dates to be determined.

Thank you for your allowing your teen to become part of this worthwhile program. Please feel free to contact me regarding any question you may have.

Regards,

Alicia Milne  
Development Director

*Send completed application materials attention to:*

Alicia Milne  
250 Brackett, Street,  
Portland, Maine 04102

RONALD McDONALD HOUSE 654 STATE STREET BANGOR, MAINE 04401  
RONALD McDONALD HOUSE 250 BRACKETT STREET PORTLAND, MAINE 04102

[www.rmhcmaine.org](http://www.rmhcmaine.org)

**Ronald McDonald House Charities® of Maine  
Parental Consent and Medical Release Form**

As the parent/guardian, you play an important role in your child's experience as a Teen Ambassador. We ask that you discuss the program and responsibilities with your child and sign the statements below indicating consent.

Youth's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**PARENT or LEGAL GUARDIAN** (please print):

I, \_\_\_\_\_, give my child, \_\_\_\_\_, permission to participate as a volunteer Ambassador for RMHC Maine.

My child and I have reviewed all application materials. I understand that my child named above wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity, if accepted by RMHC Maine, I understand that my child is required to attend the orientation and training necessary for the safe and responsible performance of their duties. I further understand and consent to the fact that the Teen Ambassador program is operated and administered by trained RMHC Maine volunteers, adult Advisors, who will oversee the teen participants while at the House, and, in accordance therewith, a RMHC Maine staff member may or may not be present at the House while my child participates in the Teen Ambassador Program.

My child agrees to abide by all volunteer requirements set forth by RMHC Maine. I understand and support the commitment my son/daughter is agreeing to uphold should he/she be selected for as a Teen Ambassador. I will provide guidance and assistance to them as needed during their year of volunteer service.

In the event necessary, I authorize medical, dental, surgical or hospital care, treatment, or diagnosis of said minor and I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment, or care rendered to or for said minor.

Please specify any health limitations your child has or any pertinent medical information:

\_\_\_\_\_

**Parent/Guardian Contact Information**

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address, City, State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Emergency Contact Person (someone other than parent/guardian): \_\_\_\_\_

Emergency Phone Number(s): \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

**Parent / Guardian Print Name** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_