



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: _____
Parent/Legal Guardian Name (please print): _____
Emergency Contact: _____ Relationship: _____
Preferred Phone: () _____ Alternate Phone: () _____

Please list the activities you are involved in (sports, music, theater, community service, clubs, etc)

How would you plan to fit the monthly meetings, activities and events into your schedule?

Why do you believe you should be selected as a member of our Teen Ambassador Program?

What experience have you had that would help make a contribution to the Ambassador Program?

What do you hope to gain from this 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.