

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, comm	unity service, clubs, etc)
How would you plan to fit the monthly meetings, a	activities and events in	to your schedule?
Why do you believe you should be selected as a m	nember of our Teen Ar	nbassador Program?
What experience have you had that would help ma	ake a contribution to t	he 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 250 Brackett Street Portland, ME 04102