



## Ambassador Committee Application Form

Please complete the following information fully to be considered for the Ambassador Committee. We request your supervisor's signature to ensure that they will support you in this volunteer position.

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Position \_\_\_\_\_

How long in current position \_\_\_\_\_

How did you become interested in the Ambassador program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why would you like to join the Ambassador Committee?

\_\_\_\_\_  
\_\_\_\_\_

What are your short/long term goals for your term of service as an Ambassador?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your understanding of what is required from an Ambassador?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your areas of interest? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will your past experience help you as an Ambassador?  
\_\_\_\_\_  
\_\_\_\_\_

What scheduling conflict might limit your participation as an Ambassador?  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything more you want to tell us about yourself?  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date