



Jr. Ambassador Committee Membership Application

Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

School Name: _____

Year in School: _____

Home: _____

Cell: _____

Email: _____

What types of volunteer activities have you been involved with?

Do you have any interests or skills that would be a benefit to the Jr. Ambassador Committee?

Why would you like to be a part of the Jr. Ambassador Committee?

Which Jr. Ambassador Committee activities are you most interested in?

Please list dates during summer break you are "NOT" available. (i.e. Family Vacation).

Comments / Suggestions:

"FOR OFFICE USE ONLY"

Ambassador Committee Approval Recommended YES NO

Parent(s) or Guardian Consent Form YES NO

Chamber Board Action: APPROVED NOT APPROVED

Date: / /



JR. AMBASSADOR

EDUCATOR'S LETTER OF RECOMMENDATION

A large area of the page is filled with horizontal lines, providing space for writing a letter of recommendation.

EDUCATOR SIGNATURE

REVISED 07/15/08