

STUDENT AMBASSADOR

APPLICANT INFORMATION

Last Name:	First:	Nick Name:
Phone: ()	E-mail Address:	
Student ID Number:		
Languages: Do you speak another language? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, what language(s)?		

AVAILABILITY DURING CURRENT QUARTER

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

VOLUNTEER INTEREST (Check the one you want to be most involved in)

Try it out	Bronze	Silver	Gold
-General Event Aid <input type="checkbox"/>	-Table information -Direction aid during welcome week -Speak on student panels -Office supervision -General event aid <input type="checkbox"/>	-Campus tours -Mentor Program -Recruiting assistant at high schools -Try it out and Bronze <input type="checkbox"/>	-Lead Ambassador -Ambassador trainer -Project leader -Program continuation -Silver, Bronze, and Try it out <input type="checkbox"/>

What do you want to obtain from the program?	What do you want to obtain from the program?
--	--

EMERGENCY CONTACT

Full Name:	Relationship:
Company:	Phone: ()
Full Name:	Relationship:
Company:	Phone: ()

PERSONAL INFORMATION

What is your major?	Clubs/Organizations involved in?
Hobbies?	Transfer/completion date?
Signature	Date