



AMBASSADOR APPLICATION

Contact Information

Full Name:	
Company:	
Job Title:	
Cell Phone:	
Work Phone:	
E-Mail Address:	

Why are you interested in participating as an Ambassador?

Briefly share what you are looking to get out of your experience as an Ambassador?

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Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as an Ambassador, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Full Name (printed):	
Signature:	
Date:	

Leadership Opportunities

I am interested in leadership opportunities within the Ambassador Program. Yes No

Do you want to refer someone to join you as an Ambassador?

Full Name (printed):	
Email & Phone Number:	

Upon completion, please scan and email application to Victoria@OneAcadiana.org