



ONE ACADIANA™

AMBASSADOR APPLICATION

2018

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?

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 Brittany@OneAcadiana.org