

# **Application for Senior Ambassador Program**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

In what activities, either in or out of school, are you now participating?

Current High School Attended

number of years  
in school district: \_\_\_\_\_

## Model Release

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Model's signature: \_\_\_\_\_

Signature of Parent  
or Guardian if Minor: \_\_\_\_\_

Date: \_\_\_\_\_

