AMBASSADOR APPLICATION (please attach a professional resume)

contact information

Name: _____Pronouns: _____
Address: _____
Cell Phone: ____ - _____ - _____ Email: _____
Educational background: _____
Emergency Contact Name:_____
Emergency Contact Phone Number: ____ - _____ - _____

availability and interests

What days of the week are you available to volunteer?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you require any accessibility accommodations? If yes, please specify.

_____

Tell us in which of the following areas you are interested in volunteering:

☐ Concerts & Comedy
☐ Authors & Speakers

How did you hear about this opportunity?

why us?

Briefly explain why you want to become a Sixth & I ambassador. What Sixth & I events have you attended?

agreement and signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Signature Full Name (Print) Date