

**JACKSON STREET YOUTH SERVICES**  
*Ambassador Contact Information*

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company/Organization: \_\_\_\_\_

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

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

What is the best way to reach you?  Phone  Text  Email  Facebook

**Please check all the following demographics that apply to you:**

Benton County resident     Linn County resident     Parent     Experience with At-Risk Youth

**Please list all social or service clubs or groups you belong to, including religious groups:**

**Tell us about yourself! Please write a short, one-paragraph bio for our directory. Please include information about where you grew up, your family, interests, work experience, education, and/or volunteer activities.**

*Please return this form to:*  
*Hannah Miller, Major Gifts Officer*  
*hannah.miller@jacksonstreet.org*  
*PO Box 1984 · Albany, OR 97321*  
*PO Box 285 · Corvallis, OR 97339*