



Youth Ambassador Application

Youth Ambassadors are dedicated to ending youth homelessness by empowering youth to become advocates, gain skills to become leaders in their communities, and give input to proposed legislation.

Youth Information:

Youth Name and Pronouns: _____

I Prefer to Be Called: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Text or Call? _____

Email Address: _____

School: _____ Grade Level: _____

How did you hear about the Youth Ambassador Program? _____

If someone referred you, please tell us who: _____

Parent / Guardian Information (if applicable):

Parent/Guardian Name: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

IN CASE OF AN EMERGENCY, THE PARENT OR GUARDIAN WILL BE NOTIFIED (if applicable)

Please answer the following questions:

Why are you interested in being a Youth Ambassador? Select all that apply:

- Learning about youth homelessness and raising awareness in the community Job/skill experience
 Paid volunteer opportunity Fundraising experience Public speaking experience
 Community service Preventing youth homelessness Other: _____

What are your special skills, abilities, or qualities? _____

What are your personal interests, passions, and hobbies? _____

Have you volunteered anywhere else before? Where and what did you do? _____

What other commitments do you have? (Job, school, sports, extracurricular groups, etc.) _____

Have you been served by Jackson Street Youth Services before? If so, when and what program? _____

Participant Consent :

I hereby agree to participate in the Jackson Street Youth Ambassador Program, and consent to receiving communication from program staff. I agree to complete the necessary orientation and follow-through on all requirements related to payment for my time. I can dedicate the time and energy to actively participate in the majority of Youth Ambassador commitments.

I give permission for Jackson Street to take photographs or video of myself while engaged in the Jackson Street Youth Ambassador Program for the sole purpose of illustration, advertising, and publicity.

I HAVE CAREFULLY READ THE PARTICIPANT CONSENT. MY SIGNATURE BELOW INDICATES THAT I HAVE PROVIDED TRUE INFORMATION ON THIS FORM, AND HAVE READ, UNDERSTOOD, AND AGREE TO ALL STATEMENTS ON THIS FORM.

Participant PRINTED Name: _____

Signature of Participant: _____

Date: _____

Parent / Guardian Consent (if applicable):

I hereby give my consent and approval for my youth's participation in the Jackson Street Youth Services Youth Ambassador Program. I give permission for Jackson Street Youth Services to take photographs or video of my child or youth in my care while engaged in the Youth Ambassador Program for the sole purpose of illustration, advertising, and publicity for Jackson Street Youth Services.

I HAVE CAREFULLY READ THIS CONSENT. MY SIGNATURE BELOW INDICATES THAT I HAVE PROVIDED TRUE INFORMATION ON THIS FORM, AND HAVE READ, UNDERSTOOD, AND AGREE TO ALL STATEMENTS ON THIS FORM.

Parent/Guardian PRINTED Name: _____

Signature of Parent/Guardian: _____ Date: _____

Please RETURN this application to any of these sites: *Mission Central* : 225 SW 4th St, Corvallis, OR 97333
or scan and email to Positive Youth Development Coordinator

For more information or questions contact:

Zoe Seaders , Positive Youth Development Coordinator, zoe.seaders@jacksonstreet.org,
(541) 224-6510 (text or call)