



## JUNIOR AMBASSADOR PROGRAM

Application - Please print

**Personal Information:**

Applicant's Name: \_\_\_\_\_  
(First) (Middle) (Last)

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

Email Address: \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Nickname (if any): \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent Cell Phone \_\_\_\_\_ Alternate # \_\_\_\_\_

Email Address \_\_\_\_\_

**School Information:**

School Currently Attending: \_\_\_\_\_

Grade Level \_\_\_\_\_ (must be a freshman)

School Counselor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ Career Goal: \_\_\_\_\_

**Personal Qualifications:**

List extracurricular activities and leadership experience (school, church, community)

\_\_\_\_\_  
\_\_\_\_\_

**Personal Essay:** Please answer the following questions in your personal essay:

1) What do you hope to gain from this program? 2) Why should you be selected as a Junior Ambassador? **The essay must be typed, double spaced, in 12-font, and be one page or less in length.**



## JUNIOR AMBASSADOR PROGRAM Legal Parent/Guardian Consent Form

- ◆ I, \_\_\_\_\_, as the legal parent/guardian of \_\_\_\_\_ give permission for him/her to volunteer as a Junior Ambassador for The Shamba Foundation. I do not hold The Shamba Foundation liable or responsible for any lost personal belongings or for any injury that may occur during his/her volunteer service or activity participation.
- ◆ I will be responsible for providing reliable transportation to and from Shamba Foundation venues when he/she is scheduled to volunteer and participate in presentations at various elementary schools within the Davis/Weber/Ogden School Districts or special fundraising events.
- ◆ I will be responsible for providing insurance and assuming all responsibility for all injuries and expenses that may result while he/she is providing volunteer services or participating in activities at The Shamba Foundation.

Please Note:

- Completing an application does not guarantee selection.
- Students will be thoughtfully selected from all eligible applicants.
- Students who do not continue to meet the requirements of the program may be terminated from the program at any time.

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Parent/Guardian Signature

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Date



**JUNIOR AMBASSADOR PROGRAM**  
**Emergency Contacts Form**

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

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

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Are you able to perform the essential functions of this position, without accommodation?  
\_\_\_\_\_

If accommodations are needed, please describe below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies, medical conditions, severe illnesses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that all of the information provided in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



## JUNIOR AMBASSADOR PROGRAM

### To Be Completed By Applicant

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Graduation Year \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To Be Completed By Individual Recommending Applicant

Thank you for taking time to assist The Shamba Foundation with the selection of Junior Ambassadors for our 2018-19 year. We highly value your remarks and will hold your comments in confidence.

The above individual is interested in participating in The Shamba Foundation Junior Ambassador Program. If selected, the applicant will serve as a volunteer teacher/trainer of elementary age children along with participating in fundraising events throughout the year. Please return this completed form to the applicant in a signed and sealed envelope.

Your name? \_\_\_\_\_

What is your relationship to the applicant? (check one)

Teacher \_\_\_\_\_ Employer \_\_\_\_\_ Advisor/Youth Leader \_\_\_\_\_

Other (specify): \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

**Please place a check in the column that most clearly represents your opinion of the applicant:**

	Superior	Good	Average	Poor	Unknown
Ability to work with others; cooperative					
Ability to take directions					
Maturity & ability to work under pressure					
Responsibility					
Perseverance toward goals					
Self-discipline					
Reliability					
Works well with children (age 5-11)					
Motivation					

Strongly Recommend    
  Recommend    
  Recommend with Reservations    
  Do Not Recommend

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



## JUNIOR AMBASSADOR PROGRAM

**APPLICATION DEADLINE:  
May 30th of this school year**  
**Checklist:**

- Completed application form
- Personal Essay (one page or less)
- Most recent School transcript (copies are acceptable)
- Recommendation forms completed by **two** teachers, guidance counselors, employers, and/or youth leaders
- Parental permission and consent
- Emergency Contact Form

Please complete online or return the application forms to:

**The Shamba Foundation**  
**P.O. Box 12733**  
**Ogden, UT 84412**  
**Attn: Susanne Moon**



## JUNIOR AMBASSADOR PROGRAM

The Junior Ambassador experience provides selected high school freshmen-senior students with a unique program designed to develop greater appreciation for fellow students in Nairobi, Kenya. They will better understand the importance of international community volunteerism, enhance interpersonal skills, build confidence, and foster new relationships and networks. In addition, Junior Ambassadors are a supreme example to the Elementary school children in which they educate. It is our hope that each student will become a lifelong ambassador for impoverished children around the world.

Our mission at The Shamba Foundation is to promote sponsorships to feed, clothe, house and educate children in the Soweto Slums of Nairobi, Kenya. We provide children with opportunities for self-reliance, optimism and a hopeful future.

We encourage students to complete an application for the next school year. Please see the general requirements and application on our website at [www.shambafoundation.org](http://www.shambafoundation.org). If you have questions, please contact Aimee Broadbent (President) at 801-866-6762 or Susanne Moon (Educational & Fundraising Chairperson) at 801-510-2029.

**APPLICATIONS FOR THE JUNIOR AMBASSADORS PROGRAM ARE NOW BEING ACCEPTED.**

### CRITERIA FOR ELIGIBILITY:

- ◆ Be a 7th -12th grader during next school year
- ◆ Minimum of 3.0 grade point average maintained
- ◆ Ability to communicate in front of groups of elementary school students to promote program
- ◆ Willingness and commitment to serve at yearly fundraising event in September
- ◆ Parental permission and support
- ◆ Desire to improve the lives of children in Nairobi, Kenya



