



MANISTEE COUNTY

Child Advocacy Center

# YOUTH AMBASSADOR APPLICATION

Date of Application: \_\_\_\_\_

## PERSONAL DETAILS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

Career Goals? \_\_\_\_\_

List any special skills, interests, or talents you have: \_\_\_\_\_

\_\_\_\_\_

## COMMUNITY VOLUNTEER EXPERIENCE

Please list any previous volunteer experiences: \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT

If you are volunteering and an emergency arises, whom should we contact?

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

Telephone: (Home) \_\_\_\_\_ (Cell): \_\_\_\_\_

## REFERENCES

Include one character and one academic reference. They should not be related to you.

Name	Phone	Relationship

How did you hear about the Manistee County CAC Youth Ambassador Program?

What would you like to gain from your experience as a Youth Ambassador?

Have you or a family member ever received services from the Manistee County Child Advocacy Center? \_\_\_\_ No/ \_\_\_\_ Yes

Do you have any physical limitations which may need special accommodations to help you in your volunteer duties? \_\_\_\_ No/ \_\_\_\_ Yes

### CONDITIONS OF AGREEMENT

- Youth Ambassadors are not considered employees of MCCAC, and do not receive compensation or employee benefits of any kind.
- Youth Ambassadors represent the Manistee County Child Advocacy Center in our community, and are expected to serve with integrity and uphold the mission of the MCCAC. MCCAC withholds the right to terminate volunteer placement at any time.
- Volunteers must adhere to the policies and procedures as set forth in the Volunteer Handbook, including Confidentiality and Dress Code sections.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

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#### **For Office Use Only**

Date Application Received by MCCAC Staff: \_\_\_\_\_

Approval or Declined Email Sent to Student on: \_\_\_\_\_

Volunteer Handbook Pledge Received: \_\_\_\_\_