



LAKESHORE

CHILDREN'S 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 Lakeshore 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 Lakeshore Children's 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 LCAC, and do not receive compensation or employee benefits of any kind.

Youth Ambassadors represent the Lakeshore Children's Advocacy Center in our community, and are expected to serve with integrity and uphold the mission of the LCAC. LCAC 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

For Office Use Only

Date Application Received by LCAC Staff: _____

Approval or Declined Email Sent to Student on: _____

Volunteer Handbook Pledge Received: _____