



# ATMORE YOUTH AMBASSADOR 2022-2023 SCHOOL YEAR APPLICATION

## INTRODUCTION

Welcome to the Atmore Area Chamber of Commerce Chamber Youth Ambassador Program! We are excited about your interest in this program and the opportunity to get to know you. Our goal is to help you develop your networking opportunities while volunteering at various Chamber and community functions.

The Youth Ambassador Program is a volunteer program conducted by the Atmore Area Chamber of Commerce that is comprised of qualifying, dedicated high school juniors and seniors selected from the local-area high schools. If selected, you will represent the Atmore Area Chamber of Commerce in a public-relations capacity throughout our community and at Chamber-sponsored events. Participants will have the opportunity to interact with community and state leaders, visit major businesses, government offices, college campuses, healthcare facilities, etc.

Some of the many events and tasks our ambassadors are requested to attend include (but not limited to):

- Welcoming and involving existing members through participation in Chamber-sponsored events
- Visiting new members and encouraging their involvement in the many programs offered by the Chamber
- Greeting everyone at social functions and making them feel welcome
- Participating in groundbreaking ceremonies, grand openings, ribbon cuttings and anniversary celebrations
- Participating in Business After Hours, Business and Breakfasts, and Member Education events
- Attending and assisting at various festivals, programs, events, outings, and meetings hosted by the Chamber.
- Attending monthly Youth Ambassador meetings.

## ELIGIBILITY

- High school junior or senior during the participation year
- Must have a cumulative grade point average of 2.5 or higher
- Must be enrolled in one of the following high schools:
  - Escambia County High School
  - Escambia Academy
  - Northview High School
  - Atmore Christian School
  - Flomaton High School
  - Temple Christian Academy
  - Home School
- Commitment to 100% participation (orientation, overnight retreat, graduation, six sessions, & volunteer opportunities).

## APPLICATION & SELECTION

Please return all completed applications to the Chamber office located at 137 North Main Street.

DEADLINE: 5:00 P.M., FRIDAY, MAY 13th, 2022. Incomplete application packets will not be considered.

Once you return your completed application packet, we will contact you with an interview time. All interviews will be held at the Atmore Chamber office and will last no more than fifteen minutes per applicant.

## PROGRAM OVERVIEW

If selected to participate, the program begins with a mandatory parent/student orientation meeting in June and a mandatory overnight retreat in August. The retreat introduces participants to the program's objectives and allows students from different schools to meet and learn more about each other. It teaches teamwork, decision-making skills, and how to work together to accomplish challenges and goals. From September through April, the class is involved in a series of interactive, educational activities and trips that take place one day out of each month. A mandatory graduation ceremony and reception is held in April. A 2021-2022 schedule will be provided at the orientation meeting. \*\*\*Note: Based on the number of applicants, all who apply may not be interviewed.

## WHAT IS AN AMBASSADOR?

Chamber Ambassadors are individuals who represent and promote the Atmore Area Chamber of Commerce, as well as our community. The Ambassadors consist of enthusiastic high school juniors and seniors from the Atmore Area who volunteer their time to help build member commitment and raise community awareness of the Chamber. Ambassadors are a vital public relations arm of the Chamber and are committed to the success of the Atmore Area Chamber of Commerce and the business community. A Chamber Youth Ambassador will represent the Atmore Area Chamber of Commerce and assist with the many events and services that help fulfill our mission. They must accumulate 50 hours of Chamber service and miss no more than two monthly meetings to be recognized as a Chamber Youth Ambassador at his/her school's Honors Day/Night. The regular monthly meeting will be scheduled based on the availability of the students to better allow for participation. These meetings will be held at the Atmore Area Chamber of Commerce office unless otherwise designated.

## HOW WILL YOU EARN 50 HOURS?

The Chamber Youth Ambassador will earn hours by attending, Business After Hours Events, Business and Breakfast events, ribbon cutting ceremonies, the Annual Chamber Banquet, and other events as determined by the Executive Director. Ambassadors will also earn hours by being involved with administrative projects in the Chamber office and by becoming actively involved in activities and events as requested by the Chamber i.e., Williams Station Day, Mayfest, Santa on Main, etc.

## HOW WILL THIS PROGRAM BENEFIT ME?

A Chamber Youth Ambassador gains exposure to the public, elected officials, and various business leaders while volunteering as well as having great fun. The student gains experience in not only business but in community relations as he/she volunteers and builds relationships with those who are leaders in the Atmore area. All Ambassadors completing their year of service and meeting the minimum hours served requirement are acknowledged at their school's awards ceremony. The ambassador with the most hours served receives special recognition. Lastly, each senior is provided a recommendation letter outlining their year of service, has the ability to list the Chamber as a reference, and has priority placement in our college internship programs.

# APPLICATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Student Phone \_\_\_\_\_ Student Email \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Phone \_\_\_\_\_ Parent Email \_\_\_\_\_

School \_\_\_\_\_ Upcoming Grade Level: \_\_\_\_\_

Main areas of interest in studies \_\_\_\_\_

Extracurricular activities / Hobbies \_\_\_\_\_

List those activities and organizations in which you participate \_\_\_\_\_

Do you currently have a part-time job? ☐ Yes ☐ No

If so, how many hours per week do you work? \_\_\_\_\_

If selected, would your employer allow time off if necessary? ☐ Yes ☐ No

Using a few phrases or adjectives, describe yourself and include what is important to you.

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

Who in your community or school do you most admire? \_\_\_\_\_

Why? \_\_\_\_\_  
\_\_\_\_\_

Why would you make a good Chamber Ambassador? \_\_\_\_\_

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

Please list two personal accomplishments of which you are most proud and tell why. \_\_\_\_\_

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

What do you expect to gain from serving as a Chamber Ambassador? \_\_\_\_\_

\_\_\_\_\_



# Request of GPA Information

I am the parent /legal guardian of \_\_\_\_\_ (student name).  
I have read the information on the Chamber Ambassador Program and am willing to have my  
child participate.

I hereby authorize the release of the grade point average information through the 3<sup>rd</sup> reporting  
period of the current school year for the above-named student.

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

\_\_\_\_\_  
Date Signed

***This portion to be completed by School Guidance Counselor or the Principal***

The grade point average through the 3<sup>rd</sup> reporting period of this school year for the above-  
named student is \_\_\_\_\_.

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

\_\_\_\_\_  
School Name

\_\_\_\_\_  
Date Signed



# Reference

**Applicant Name**

---

**To the Applicant:**

This reference should be completed by one of the following: English, history, math, science, or foreign language teacher or by your school administrator. Have the individual place the completed reference in a sealed envelope. You are responsible for delivering the sealed envelope to the Chamber office with your application form.

**To the Reference:**

The person named above is applying for the Chamber Ambassador Program. It is an interactive, hands-on experience with the Chamber and the community that is aimed at youth who show community interest and leadership potential. The applicant is interviewed, and considerable weight is given to the statements you provide. The Chamber greatly appreciates your help and is aware of the time you've given to prepare these statements. The information you provide is reviewed in confidence.

**Name of Adult Reference** \_\_\_\_\_

**Position/Title** \_\_\_\_\_

**School** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

1. How long and in what capacity have you known the applicant?

---

---

2. List two strengths and two weaknesses of the applicant.

---

---

3. Comment on the applicant's behavior in your class/school.

---

---

4. Comment on the applicant's relationship with his/her peers.

---

---

5. Why do you feel the applicant would be a good candidate for the Chamber Ambassador Program?

---

---



# Reference

**Applicant Name**

---

**To the Applicant:**

This reference should be completed by one of the following: English, history, math, science, or foreign language teacher or by your school administrator. Have the individual place the completed reference in a sealed envelope. You are responsible for delivering the sealed envelope to the Chamber office with your application form.

**To the Reference:**

The person named above is applying for the Chamber Ambassador Program. It is an interactive, hands-on experience with the Chamber and the community that is aimed at youth who show community interest and leadership potential. The applicant is interviewed, and considerable weight is given to the statements you provide. The Chamber greatly appreciates your help and is aware of the time you've given to prepare these statements. The information you provide is reviewed in confidence.

**Name of Adult Reference** \_\_\_\_\_

**Position/Title** \_\_\_\_\_

**School** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**1. How long and in what capacity have you known the applicant?**

---

---

**2. List two strengths and two weaknesses of the applicant.**

---

---

**3. Comment on the applicant's relationship with his/her peers.**

---

---

**4. Why do you feel the applicant would be a good candidate for the Chamber Ambassador Program?**

---

---

**5. Please rate your perception of the applicant's skills in the following areas:**

<b>(1 - Needs Improvement;</b>	<b>2 - Satisfactory;</b>	<b>3 - Exceptional)</b>
____ Responsibility	____ Initiative	____ Leadership
____ Curiosity	____ Maturity	____ Character
____ Persistence	____ Oral communication skills	
____ Concern for others	____ Ability to work with others	



# Student Agreement Form

I am \_\_\_\_\_ (your name). I have read the information on the Chamber Ambassador Program and am willing to participate.

1. I understand attendance is required at the monthly meetings from August through April.
2. I understand that I can miss no more than two of these meetings.
3. I also understand that I am required to give a minimum of 50 volunteer hours to the Chamber by Mayfest.
4. I understand that my responsibility is to represent the Atmore Area Chamber of Commerce in my school and in the community with exemplary behavior and to assist with the many events and services which help the Atmore Area Chamber of Commerce to fulfill its mission.
5. I understand that failure to meet the above requirements and responsibilities will result in my dismissal from the program.

I hereby release and hold harmless and indemnify the Atmore Area Chamber of Commerce, its members, directors, agents, volunteers, employees as well as the Chamber Ambassador Program, and any individuals involved in the planning, organization or presentation of the Chamber Ambassador programming, for any accident, injury, illness or any damage whatsoever related to the above-mentioned student's attendance at or participation in any activity or session of the Chamber Ambassador Program.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_



# Parental Permission Form

## Class of 2022-2023

I am the parent/legal guardian of \_\_\_\_\_ (student name). I have read the information on the Youth Leadership Atmore program and am willing to have my child participate.

I understand attendance is required at the opening retreat and that the retreat will be held at a camp facility outside of Atmore. I also understand if my child is unable to attend the retreat, he/she will be unable to participate in the Youth Leadership Atmore program. I further understand the time commitment required to participate in Youth Leadership Atmore, that 100% attendance is expected, and that two unexcused absences constitute dismissal from the program.

Youth Leadership Atmore, its agents, and its employees have full permission and consent to transport and otherwise provide transportation for my child in connection with all sessions of Youth Leadership Atmore during the school year that he/she participates.

I hereby release and hold harmless Youth Leadership Atmore, its members, agents, employees or any individuals involved in the planning, organization, or presentation of Youth Leadership Atmore programming for any accident, injury, illness, or any damage whatsoever related to the above -mentioned student's attendance at, or participation in, any activity or session of Youth Leadership Atmore.

Date \_\_\_\_\_

Parent/Legal Guardian Name (please print) \_\_\_\_\_

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

Primary Phone Number (\_\_\_\_) \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

Alternative Telephone (\_\_\_\_) \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_





# Medical Release Form

## Class of 2022-2023

I, \_\_\_\_\_ (Parent/Legal Guardian's Name) hereby give permission for any and all medical attention to be administered to my child, \_\_\_\_\_ (child's name), in the event of accident, injury, sickness, etc., under the direction of the Youth Leadership Atmore Program Coordinator and/or the member(s) of the program committee, until I can be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

### INSURANCE INFORMATION

Note: Must include/attach a copy of the participant's insurance card.

Insurance Carrier: \_\_\_\_\_ Plan No.: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Id: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Note: Contacts will be reached in the order listed should parent/guardian not be available.

In case I cannot be reached, any of the following persons is designated to act on my behalf.

Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

### HOSPITAL AND PHYSICIAN INFORMATION

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

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

Participant's known allergies and/or significant illness(es): \_\_\_\_\_

### AUTHORIZATION

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Primary Phone Number: ( ) \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

Alternative Telephone: ( ) \_\_\_\_\_ ☐ Cell ☐ Home ☐ Work

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

Mailing Address: \_\_\_\_\_



# Publicity Release Form

## Class of 2022-2023

I am the parent or legal guardian of \_\_\_\_\_ (student name). I give permission for my child's name, voice, photograph, caricature, and/or likeness to be used in its current form or as retouched, digitized, cropped, altered, distorted, or modified for purposes of advertising, promoting, or creating material for the program. Such items may be used in print media, online advertising, etc. We assure you that anything shared with your student will be reviewed and nothing that could be deemed inappropriate will be released.

- ☐ I further agree that anything derived therefrom will be owned solely by the authorized parties. I shall not authorize the use of any print, negative, or other copy thereof by anyone other than the authorized parties.
- ☐ I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the volunteer activities take place and agree that if any portion of this agreement is invalid, the remainder will continue in full legal force and effect.
- ☐ ☐ **ALLOWS**   ☐ **DOES NOT ALLOW** his/her image to be posted to the YLA Facebook page and/or the Atmore Area Chamber of Commerce website.
- ☐ I understand these pages will be administered and monitored by the current YLA Program Committee and/or the staff of the Atmore Area Chamber of Commerce. I understand that photos/videos posted will represent the current YLA students as they participate in the program sessions throughout the school year beginning in August 2021 and ending in May 2022. I also acknowledge that the photos/videos posted can and will be visible to all persons without restriction.

Signature \_\_\_\_\_

Date \_\_\_\_\_