READING PUBLIC MUSEUM AMBASSADOR APPLICATION

PERSONAL DETAILS:

Full Name: Age: 16+ Y☐ N☐

Email Address:

Phone Number: Today's Date:

Home Address:

City: State: Zip:

EDUCATION:

Education:

- ☐ High School
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Some College

Graduation Year:

SCHOOL INFO:

High School:

College w/Major:

LIST ANY EMPLOYMENT HISTORY:

Employer Name:

Job Title:

Dates of Employment: From: To:

Responsibilities & Achievements:

LIST VOLUNTEER AVAILABILITY:

MON	TUES	WED	THURS	FRI	SAT	SUN

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ADDITIONAL INFORMATION:

Are you a part of any clubs or sports, list: _____

_____

Do you volunteer anywhere else, list: _____

_____

Emergency Contact Information: _____

Full Name: _____ Phone Number: _____

PLEASE USE THIS SPACE TO TELL US WHY YOU WOULD LIKE TO BE AN AMBASSADOR:

_____

_____

_____

_____

_____

_____

APPLICANT'S DECLARATION

By submitting this application, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that any false information may disqualify me from consideration for this program. Legal Guardian for applicants under age 18 must also sign below.

Print Name: _____ Date: _____

Applicant Signature: _____

Guardian Print Name: _____ Date: _____

Guardian Signature: _____