

PROGRAM DESCRIPTION

Program Purpose

The School Ambassador program seeks to engage and empower young middle and high school leaders, ages thirteen (13) and over to put their unique skills to use with the purpose of impacting their community. These participants are challenged to activate their own leadership skills, promote the love of philanthropy while inspiring the same characteristics among their peers.

The program consists of attending and participating in various community service projects and assisting with fundraisers to benefit the children served by His House Children's Home.

Program Eligibility

Teen must be 13 years of age and older and have a middle or high school cumulative grade point average of 3.0 or better. In addition to this application, a one (1) letter of recommendation is required to support candidacy (can be from a middle/high school teacher, guidance counselor, or youth group leader). Following a successful interview and acceptance to the program, teens must attend a brief orientation as necessary and a written approval for the purpose of doing drives at school principal. Additional program commitments and requirements are outlined below.

Responsibilities of a School Ambassador

- Must be able to commit to a one-year term
- Must complete at minimum of 75 hours of service during their four years in high school
- Must host a minimum of one (1) fundraiser per quarter throughout one-year term (fundraisers include drives, events, etc.)
- Promote the program as well as the agency and its events at their individual school as well as in their local community
- Help recruit new volunteers
- Ensure representation of HHCH at Open House and/or student meetings at their individual schools

Benefits of Becoming a School Ambassador

- Community service hours honored by His House Children's Home
- One (1) Letter of Recommendation from His House Children's Home
- School Ambassador Certificate
- Recognition and Awards
- Leadership & Impact Service
- Honorable mention on our Website
- Opportunities to win an award and be recognized at our Annual Gala Fundraiser Events

Last revised on 2/04/2021

APPLICATION (Please type or print legibly)

Last Name		First Name						
M.I.		D.O.B.		Age		Gender	M	F
Address		City		State		Zip		
Cell Phone		Home Phone		e-mail Address				
School Name		Education Level						

Please check characteristics that best match you:

- | | | | |
|--|--|---|---------------------------------------|
| <input type="checkbox"/> Quiet | <input type="checkbox"/> Friendly | <input type="checkbox"/> Strong desire to serve | <input type="checkbox"/> Impatient |
| <input type="checkbox"/> Bold | <input type="checkbox"/> Patient | <input type="checkbox"/> Confident | <input type="checkbox"/> Adventurous |
| <input type="checkbox"/> Good-natured | <input type="checkbox"/> Outgoing | <input type="checkbox"/> Helpful | <input type="checkbox"/> Enthusiastic |
| <input type="checkbox"/> Strong communicator | <input type="checkbox"/> Serious | <input type="checkbox"/> Creative | <input type="checkbox"/> Talkative |
| <input type="checkbox"/> Introverted | <input type="checkbox"/> Compassionate | <input type="checkbox"/> Shy | <input type="checkbox"/> Leader |

Are you involved in any extracurricular activities? Please list:

1		5	
2		6	
3		7	
4		8	

Why should you be chosen as an HHCH School Ambassador?

How many hours per week are you able to commit?

Additional comments

AGREEMENT

I, _____, have read and fully understand the purpose and requirements of the His House Children's Home School Ambassador Program. Furthermore, if selected, I agree to fulfill my duties as a School Ambassador by completing my required community service hours, fundraisers and other duties as mentioned in this application.

APPLICATION

Please type or print below the information of the adult who is supervising the volunteering hours:

Last Name		First Name		
M.I.	D.O.B.	Age	Gender M <input type="checkbox"/> F <input type="checkbox"/>	
Address		City	State	Zip
Cell Phone	Home Phone	e-mail Address		

OFFICE USE ONLY

- Volunteer Checklist Items Received
- Letters of Recommendation (1)
- Current Transcript or last Report
- Card G.P.A.

Please return your intake form via email to **Development Department**

For more information please contact: Samantha Miranda: smiranda@hhch.org

Last revised on 2/04/2021