



2018-2019 Parent Application Form

Parent Ambassador Candidate Information

Name: _____ Date : _____

Address: _____

Telephone: _____ (Home) _____ (Cell) Email: _____

Student Information

Name of Your Child	Current Grade Level

Profile Questions

1. Why are you interested in becoming a parent ambassador? _____

2. As a Parent Ambassador, are you willing to do the following:	Yes	No
<input type="radio"/> Participate in Parent Ambassador orientation and training		
<input type="radio"/> Attend monthly meetings as scheduled by HSA-Lorain		
<input type="radio"/> Engage in district-wide advocacy campaigns that may require travel and or speaking with elected officials		
<input type="radio"/> Increase awareness among parents about key education policy issues		

Print Name: _____

Signature: _____ Date: _____