**Application**

**Year: 2020-2021**

**Your Information**

|  |  |
| --- | --- |
| Name |  |
| Phone |  |
| Address |  |
| City State Zip |  |
| Email |  |

**Household Members**

*Name Age School/Work Relationship*

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| Describe yourself in 3 words |  |
| Tell us about yourself |  |
| Employment/School/Volunteer work |  |
| Your experience working with a team |  |
| Describe your leadership style |  |
| How do you manage opposing points of views? How do you manage conflict and/or frustration? |  |
| Tell us something you are passionate about |  |
| Why would you like to be considered for The Parent Ambassador program? |  |

Expectations of being a Parent Ambassador include:

* Monthly Zoom Calls
* Attendance at four (4) 2-day workshops
* One-year commitment

By submitting this application, you agree that you can commit to the above. Please return completed application to:

Joni Sprague

Educare Central Maine/MSPA Program

56 Drummond Avenue

Waterville, ME 04901

Or, save completed form and email to [jonis@kvcap.org](mailto:jonis@kvcap.org).

***We look forward to having you join us!***