



Maine State Parent Ambassador Application

Year: 2023-2024

Name _____ Phone Number(s) _____

Address _____

City, State, Zip Code _____

Email Address _____

Home Language _____ Other languages spoken _____

Allergies/Food Restrictions _____

Is your child part of a program? _____ Current Program _____

- | | | |
|------------------------------------------------|--------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Foster care | <input type="checkbox"/> Family/friend/neighbor child care |
| <input type="checkbox"/> Early Head Start | <input type="checkbox"/> Subsidized child care | <input type="checkbox"/> My child has not been enrolled in a program |
| <input type="checkbox"/> Child care | <input type="checkbox"/> Private pay preschool | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Home Visiting program | <input type="checkbox"/> Public school preschool | |

What are the ages of your children?* Check all that apply.

- | | | |
|------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> 0-2 | <input type="checkbox"/> 5-8 | <input type="checkbox"/> 13-17 |
| <input type="checkbox"/> 3-4 | <input type="checkbox"/> 9-12 | <input type="checkbox"/> 18+ |

*Applicants must have a child 8 or under to be eligible for this program.

Household Members

| <i>Name</i> | <i>Age</i> | <i>School/Work</i> | <i>Relationship</i> |
|-------------|------------|--------------------|---------------------|
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Describe yourself in 3 words: _____,
and _____.

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|--------------------------------------------------------------------------------------------------------------------------------------|--|
| Why would you like to be a Parent Ambassador? | |
| Tell us what talents and skills you would bring to the program: | |
| Employment/School/Volunteer work: | |
| Tell us your experience working as a team or in the community: | |
| How do you manage opposing points of views? How do you manage conflict and/or frustration? | |
| What does early learning mean to you? | |
| What does it mean to you to have a commitment to diversity? How have you demonstrated or see yourself demonstrating that commitment? | |

Please share your race and ethnicity.

- | | |
|-----------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hispanic or Latino | |

Expectations of being a Parent Ambassador include; Check all that apply to you:

- I can attend bi-monthly meetings via Zoom
- I can attend in-person workshops (four 2-day workshops per year -- Friday/Saturday)
- I will secure child care for my children so I can attend the workshops
- I can make the one year commitment
- I will check my email regularly
- I have internet access
- I have an infant that will need to attend meetings with me (This does not affect your application, we just need to know for planning purposes)

Return completed form to:

Joni Sprague, Educare Central Maine, 56 Drummond Ave, Waterville ME 04901 or jonis@kvcap.org.