



Maine State Parent Ambassador Application

Year: 2024-2025

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 _____

- Head Start
- Early Head Start
- Child care
- Home Visiting program
- Foster care
- Subsidized child care
- Private pay preschool
- Public school preschool
- Family/friend/neighbor child care
- My child has not been enrolled in a program
- Other _____

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

- 0-2
- 3-4
- 5-8
- 9-12
- 13-17
- 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>

Describe yourself in 3 words: _____,
and _____.

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.