

Maine State Parent Ambassador Application

Year: 2025-2026

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>

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?	
Any additional information you'd like to share?	

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 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 to ensure my attendance and full participation in the two-day workshops. (**Child care is not provided at workshops, but a stipend will be offered to help with related costs.**)
- ☐ 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:

**MSPA Coordinator, Educare Central Maine, 56 Drummond Ave, Waterville ME 04901
or jonis@kvcap.org.**