

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/Special Accommodations: _____

Is your child part of a program?

Current Program _____

☐ Head Start

☐ Foster care

☐ Family/friend/neighbor child care

☐ Early Head Start

☐ Subsidized child care

☐ My child has not been enrolled in a program

☐ Child care

☐ Private pay preschool

☐ Other _____

☐ Home Visiting program

☐ Public school preschool

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

☐ 0-2

☐ 5-8

☐ 13-17

☐ 3-4

☐ 9-12

☐ 18+

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

Household Members

Name	Age	School/Work	Relationship

Describe yourself in 3 words: _____,
and _____.

What do you think a Parent Ambassador does/is?	
Why would you like to be a Parent Ambassador?	
How would you share learnings with others?	
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 or any leadership opportunities:	
How do you manage opposing points of views? How do you manage conflict and/or frustration?	
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"/> While 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 on the third Tuesday of the month.
- ☐ I can attend in-person workshops (four Friday/Saturday workshops per year).
- ☐ 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 as we often discuss topics not appropriate for children. Stipends 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.**