Maine State Parent Ambassadors

EDUCARE CENTRAL MAINE

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 _____

- ❑ 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

Name	*Age*	*School/Work*	*Relationship*

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.

- ❑ American Indian or Alaska Native
- ❑ Asian or Asian American
- ❑ Black or African American
- ❑ Hispanic or Latino
- ❑ Native Hawaiian or other Pacific Islander
- ❑ White or Caucasian
- ❑ Other: _____

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 katieh@kvcap.org.