

T O L E R A N C E
J U S T I C E
H U M A N
R I G H T S

APPLICATION FORM



THE AMBASSADORS PROGRAM

● **PERSONAL CONTACT INFORMATION**

NAME	
SEX	
STREET ADDRESS	
CITY/PROV/POSTAL	
PHONE (HOME)	
PHONE (CELL)	
EMAIL	

● **PERSON TO NOTIFY IN CASE OF EMERGENCY**

NAME	
STREET ADDRESS	
CITY/PROV/POSTAL	
PHONE (HOME)	
PHONE (WORK)	
EMAIL	

● **CAMPUS & COMMUNITY INFORMATION**

NAME OF SCHOOL	
MAJOR	
LANGUAGES SPOKEN	
STUDENTS GROUPS INVOLVED IN (list leadership positions if any)	
WHAT ACTIVITIES OR PROGRAMS ARE YOU INVOLVED WITH IN YOUR COMMUNITY?	

● **PLEASE COMPLETE THE FOLLOWING** (feel free to use additional space, if required)

<p>1. WHY DO YOU WANT TO PARTICIPATE IN THE FSWC AMBASSADORS PROGRAM?</p>	
<p>2. WHAT CAN YOU CONTRIBUTE TO THE AMBASSADORS PROGRAM?</p> <p>HOW WILL YOU BE ABLE TO TAKE WHAT YOU LEARN IN THE AMBASSADORS AND TEACH OTHERS THESE IDEAS ABOUT TOLERANCE?</p>	

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

NAME (PRINTED)

SIGNATURE

DATE