



**SOUTHERN BLACK GIRLS AND WOMEN'S CONSORTIUM  
YOUTH AMBASSADOR APPLICATION**

**Membership Criteria:**

- Be a resident of one of our 12 states
- Open to girls ages 12-24
- Attend a school (or home school)
- Commit to attend all the scheduled monthly meetings and activities

**Community Agreement:**

- Be prompt, Be present.
- Be respectful in the treatment of and the interaction with others
- Be mindful of safety issues to ensure a safe environment so that you can interact with others.
- Conduct yourself in a respectable manner at all times set forth (initial box)

I agree to abide by the  
Community Agreement set forth  
(Please initial box)

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

Name you prefer to be called: \_\_\_\_\_

School (Home school is acceptable): \_\_\_\_\_

What pronouns do you use? \_\_\_\_\_ What grade / School year are you in? \_\_\_\_\_

Home Address :(No P.O. Box) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Parent(s)/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent(s)/Guardian Email: \_\_\_\_\_ Phone: \_\_\_\_\_

What is your T-shirt size?      small                  medium                  large                  XLarge                  3XLarge                  2XLarge



b) Name any clubs or groups you are in (school/personal):

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c) What do you want your community to look like and how do you contribute to that?

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d) Please explain why you would like to participate in the SBGWC Youth Ambassador Program:

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e) What does leadership look like to you? Name one leader that you look up to.

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## APPLICANT STATEMENT

I understand that I am applying for an appointment to the Ambassador Program of SBGWC. I agree to the Community Agreement and other program criteria. I agree to comply with all requirements of the SBGWC Youth Ambassador Program. All statements and information provided in this application are true to the best of my knowledge. I agree to participate in evaluation surveys conducted upon completion of the program. If for any reason, I am unable to participate or uphold my commitment, I will notify the consortium.

\_\_\_\_\_ Signature  
Printed Name Date

## PARENT/GUARDIAN STATEMENT

As the parent/guardian of this applicant, who is considered a minor and is under the age of 18, I support his/her participation and commitment to the SBGWC Ambassador Program. I understand, acknowledge, assume, and accept the risk that accidents may occur while my child participates in the SBGWC Ambassador Program. I, the undersigned, assume the risk for any and all injuries occurring to my child out of any and all events at the SBGWC Ambassador Program. I give my child permission to participate in evaluation and surveys conducted by and/or on behalf of SBGWC.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEDIA/PRESS RELEASE

I authorize and grant SBGWC to take my photos regarding my experiences with them. I grant SBGWC to use my photos on Facebook, Twitter, Instagram, and other social media platforms. I allow SBGWC to edit, alter, copy, or distribute the photos for social media advertising and marketing. I agree that the photos belong to SBGWC. I understand that I will not receive any monetary compensation.

Please complete and return signed application to: SBGWC Youth Ambassador Program

ATTN: **Southern Black Girls & Women's Consortium**  
P. O. Box 2020  
Selma, Alabama 36703  
OR EMAIL TO: [info@southerblackgirls.org](mailto:info@southerblackgirls.org)  
If there are any questions, contact 678-310-8631