



Chesapeake Ambassadors



Application

Please type or print neatly.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Parent or guardian's cell: _____

Name of School: _____ Grade: _____
2022-2023 2022-2023

Please **clearly** provide an email address for communication through which **you will receive all notices and news. Only one email per member.**

COMMITMENT

As a participant, I understand that I am committing myself to involvement in the program in its entirety. I will actively participate in all meetings. If I am unable to attend a meeting I will immediately notify the program office. Three missed sessions without any notification will result in being placed on the inactive list.

WITH MY SIGNATURE BELOW, I CERTIFY THAT EVERYTHING WRITTEN IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Student Signature: _____ Date: _____

FOR PARENT OR GUARDIAN OF APPLICANT:

I have reviewed this application and I authorize my son/daughter/legal dependent to participate in the Chesapeake Ambassadors. **All applicants are accepted into the program.**

Name: _____

Address: _____

Signature: _____

Relationship to applicant: _____

**Please send application to:
Beth Boos
Department of Human Services
Division of Community Programs
100 Outlaw Street
Chesapeake, VA 23320
Phone: 757-382-2226
Fax: 757-382-2354**