



# TEXAS ADVOCACY PROJECT

All Texans should live safely in hope, not fear.

800.374.HOPE

## 2018 Teen Ambassadors of Hope Self-Nomination Form

Thank you for your interest in Texas Advocacy Project's Teen Ambassadors of Hope campaign. Completed forms can be emailed to [hope@Texasadvocacyproject.org](mailto:hope@Texasadvocacyproject.org) or completed online at [www.texasadvocacyproject.org/events](http://www.texasadvocacyproject.org/events) by March 19th. Please attach a recent photo. 2018 Ambassadors will be chosen by a selection committee comprised of members of The Project's Board of Directors and staff.

### Nominee Information

**Full Name:** \_\_\_\_\_  
*Last First M.I. Preferred Name*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State Zip Code*

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Nominee's Shirt Size:** \_\_\_\_\_

**Links to Nominee's Social Media Platforms (if applicable):**

Facebook: \_\_\_\_\_ Twitter: \_\_\_\_\_  
Instagram: \_\_\_\_\_ Other: \_\_\_\_\_

**Is Nominee involved in any Clubs or Sports? If so, please list:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Volunteer Activities (if applicable):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Parent Information

**Parent Name(s):** \_\_\_\_\_  
*1. First Last 2. First Last*

**Parent Phone(s):** \_\_\_\_\_  
*1. 2.*

**Parent Email(s):** \_\_\_\_\_  
*1. 2.*



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Why is applicant qualified to serve as a Teen Ambassador of Hope [200 words max]? \_\_\_\_\_

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**Nominee, please read and sign the following:**

*I give permission for Texas Advocacy Project, Inc. ("The Project") and its employees to use my photo and likeness to promote the Teen Ambassadors of Hope campaign. I understand that my photo and likeness may be used on The Project's Facebook and Twitter pages, emails, and / or other communications. I am willfully entering into this agreement with Texas Advocacy Project and understand I will not be compensated financially for my participation.*

**Nominee's Name** (printed): \_\_\_\_\_

**Nominee's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_