



TEEN AMBASSADORS
OF HOPE
2019 Nomination Form

Completed forms can be emailed to hope@Texasadvocacyproject.org or completed online at www.texasadvocacyproject.org/events by February 15th. Teen Ambassadors will be chosen by a selection committee comprised of members of The Project's Board of Directors and staff.

Teen Information			
(If any field is unknown leave blank and we will contact teen)			
Full Name:	_____	_____	_____
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:	_____	_____	_____
	<i>Street</i>	<i>City</i>	<i>State</i>
Home Phone:	_____	Cell Phone:	T-shirt Size:
Date of Birth:	_____	Age:	_____
Grade:	_____	School:	_____
Links to Social Media Platforms (if applicable):			Email:
Facebook:	_____	Twitter:	_____
Instagram:	_____	Other(s):	_____
Teen involvement in any clubs or sports:			

Other volunteer activities:			

Parent Information	
Parent Name(s):	_____
	<i>Parent 1</i>

	<i>Parent 2</i>
Parent Phone(s):	_____
	<i>Parent 1</i>

	<i>Parent 2</i>
Parent Email(s):	_____
	<i>Parent 1</i>

	<i>Parent 2</i>

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Nominator Information

(Leave blank if you are a self-nominating teen)

Full Name: _____ Phone: _____ Email: _____

Relationship to Nominee: _____

Why is applicant qualified to serve as a Teen Ambassador of Hope?

(200 words max)

Potential Teen Ambassador, please read and sign the following (can be obtained by The Project after teen accepts nomination):
*I give permission for Texas Advocacy 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. ***Please attach recent photo to application.***

Applicant's Name (printed): _____

Applicant's Signature: _____

Date: _____