SENATOR MARTY FLYNN'S
STUDENT AMBASSADOR PROGRAM
APPLICATION

Applicant Information

First Name _____ Last Name _____

Preferred Name (if applicable) _____ Preferred Pronouns _____

Cell Number _____ Email _____

Home Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different than above) _____ City _____ State _____ Zip Code _____

School _____

Are you a Senior or Junior? _____ Senior _____ Junior Date of Birth _____

How do you identify? _____ Male _____ Female _____ Prefer Not to Answer

Short Answer Questions

Please answer each question in a complete paragraph.

1. Why do you want to be a part of the Student Ambassador Program? What are your desired takeaways?

Short Answer Questions

2. Tell us about yourself?

3. In Pennsylvania, what do you think is the biggest obstacle to the passage of good legislation?
(There are no correct answers. This question will help gauge your preexisting knowledge of the Pennsylvania legislature.)

4. What aspect of government are you most interested in?

Documentation

Optionally, please attach any supporting documentation that you feel would support your application.
(Example: resumes, research papers, projects, ect.)

Attendance

Full participation is mandatory. Schools should allow for excused absences while students are attending Student Ambassador Program sessions. More than two absences will result in removal from the program.

If selected, I affirm that I will attend each of the program sessions. I understand that transportation and parking to the program sessions, apart from the field trip to the State Capitol, are the responsibility of each participant. I know that if I miss more than two sessions, I am not eligible to complete the program.

Signature of Applicant _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____

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MEDICAL EMERGENCY FORM

Contact Form

Name of Student

Emergency Contact Name & Relation to Student

Emergency Phone Number

Physician Name & Phone Number

Allergies

Dietary Restrictions

Health concerns that may affect your participation

Current Medications / Indicate condition being treated

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MEDIA RELEASE FORM

Waiver Form

We like to share content on Senator Flynn's social media accounts showcasing the program and its participants. You *(your child)* may appear in photos and/or videos during the duration of the Student Ambassador Program. Photos may also be shared with local media outlets for promotion. If you have any objections or concerns, please contact us.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Parent or Legal Guardian Date