

SANIAH'S LEGACY YOUTH AMBASSADOR PROGRAM

YOUTH AMBASSADOR APPLICATION

Guardians of Youth Foundation

Thank you for your interest in becoming a **Saniah's Legacy Youth Ambassador!**

The program gives high school and college students an opportunity to develop leadership skills, earn community service hours, participate in special activities and events, and help educate young people and families about meningitis awareness.

We are looking for students who are enthusiastic, dependable, compassionate, and ready to use their voices to make a difference.

1. APPLICANT INFORMATION

Full Legal Name: _____

Preferred Name: _____

Date of Birth: _____

Age: _____

Home Address: _____

City: _____ **State:** _____ **ZIP:** _____

Student Email: _____

Student Phone: _____

Preferred Method of Contact:

☐ Email

☐ Text

☐ Phone

I am currently a:

☐ High School Student

☐ College/University Student

2. SCHOOL INFORMATION

School/College/University: _____

City: _____

Current Grade/Year: _____

Expected Graduation Year: _____

Major/Area of Study (if applicable): _____

School Counselor/Advisor Name (if known): _____

School Counselor/Advisor Email (if known): _____

3. GET TO KNOW YOU

Why would you like to become a Saniah's Legacy Youth Ambassador?

What does being a leader mean to you?

Tell us about any clubs, sports, organizations, jobs, volunteer work, church activities, or community activities you participate in.

What strengths, talents, interests, or skills would you bring to the Ambassador Program?

Is there a particular issue affecting young people that you care about?

4. YOUR INTERESTS

What would you be interested in doing as an Ambassador? Check all that apply.

- ☐ Community service projects
- ☐ Meningitis and health awareness events
- ☐ School outreach
- ☐ Health fairs
- ☐ Social media campaigns
- ☐ Creating videos/Reels/TikToks
- ☐ Graphic design
- ☐ Photography
- ☐ Public speaking
- ☐ Fundraising
- ☐ Event planning
- ☐ Youth leadership activities
- ☐ Ambassador social activities and outings
- ☐ Recruiting other students
- ☐ Writing/blogging
- ☐ Helping behind the scenes
- ☐ Other: _____

Are you comfortable speaking in front of a group?

- ☐ Yes
- ☐ Sometimes
- ☐ I would like to learn

Are you comfortable appearing in photos or videos for Foundation activities?

- ☐ Yes
- ☐ No
- ☐ Please ask me first

5. AVAILABILITY

When are you generally available? Check all that apply.

- ☐ Weekday afternoons
- ☐ Weekday evenings
- ☐ Saturdays
- ☐ Sundays
- ☐ School breaks
- ☐ Summer

Are you available for occasional weekend events?

- ☐ Yes
- ☐ Sometimes
- ☐ No

Do you have reliable transportation to local Ambassador activities?

- ☐ Yes
- ☐ Usually
- ☐ I may need assistance

Transportation availability will not automatically affect consideration for the program.

6. AMBASSADOR INFORMATION

T-Shirt Size:

- ☐ XS
- ☐ S
- ☐ M
- ☐ L
- ☐ XL
- ☐ 2XL
- ☐ 3XL

How did you hear about the Saniah's Legacy Youth Ambassador Program?

- ☐ School
- ☐ Teacher/Counselor
- ☐ Friend
- ☐ Parent/Guardian
- ☐ Social Media

- ☐ Guardians of Youth Website
- ☐ Community Organization
- ☐ Foundation Event
- ☐ Other: _____

Were you referred by someone?

Name: _____

7. EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship: _____

Primary Phone: _____

Alternate Phone: _____

Email: _____

8. PROGRAM COMMITMENT

Youth Ambassadors are expected to:

- Attend the required Ambassador training.
- Complete at least **10 service hours per semester**.
- Participate in meningitis awareness and community outreach activities.
- Share approved educational content.
- Participate in Ambassador activities whenever reasonably possible.
- Help promote the mission of the Guardians of Youth Foundation.
- Treat fellow Ambassadors, Foundation representatives, community partners, and members of the public respectfully.
- Represent the Guardians of Youth Foundation responsibly.

I understand these expectations and am prepared to make a good-faith commitment to the program.

☐Yes

9. PHOTO, VIDEO & MEDIA PERMISSION

Guardians of Youth Foundation may photograph or record Ambassador activities, community events, trainings, awards programs, and other Foundation activities. These materials may be used to promote the Foundation and its programs through its website, social media, newsletters, presentations, printed materials, media coverage, and other nonprofit communications.

Please select one:

☐ **YES**, I authorize Guardians of Youth Foundation to use photographs and/or video of me for Foundation-related educational, promotional, and charitable purposes.

☐ **LIMITED**, please contact me/my parent or guardian before using an identifiable photograph or video.

☐ **NO**, I do not authorize use of identifiable photographs or video of me.

Applicant Initials: _____

For applicants under 18:

Parent/Guardian Initials: _____

10. PARENT/GUARDIAN INFORMATION

*****Required for applicants under 18*****

Parent/Guardian Full Name: _____

Relationship to Applicant: _____

Address (if different from applicant): _____

Email: _____

Primary Phone: _____

Alternate Phone: _____

Preferred Contact Method: _____

- ☐ Email
- ☐ Text
- ☐ Phone

Parent/Guardian Authorization

*****Required for applicants under 18*****

I give permission for my child to apply for and, if accepted, participate in the **Saniah's Legacy Youth Ambassador Program**.

I understand that the program may include training sessions, community service projects, educational outreach, Foundation events, Ambassador activities, and other approved program activities.

I understand that additional permission forms, transportation authorizations, medical information, or event-specific waivers may be required for certain activities.

Parent/Guardian Name: _____

Signature: _____

Date: _____

11. APPLICANT AGREEMENT

By signing below, I confirm that the information provided in this application is accurate to the best of my knowledge.

If selected as a Saniah's Legacy Youth Ambassador, I agree to make a good-faith effort to fulfill the program requirements, participate responsibly, treat others with respect, follow Foundation and program guidelines, and represent the Guardians of Youth Foundation in a positive manner.

I understand that participation in the Youth Ambassador Program is a privilege and that the Foundation may address conduct or participation concerns when necessary to protect the program, its participants, and the organization.

Applicant Full Name: _____

Applicant Signature: _____

Date: _____

12. WHAT HAPPENS NEXT?

Email your completed application to info@thegoyfoundation.org. Once your application is received, the Guardians of Youth Foundation will review it and contact you regarding the next steps.

Selected Ambassadors will receive information about orientation, training, service opportunities, Ambassador activities, special events, and upcoming Foundation programs.

Educate. Advocate. Lead. Save Lives.

Become a Guardian of Youth.

FOR GUARDIANS OF YOUTH FOUNDATION USE

Date Application Received: _____

Application Reviewed By: _____

Status:

- ☐ Accepted
- ☐ Interview/Conversation Requested
- ☐ Waitlist
- ☐ Other: _____

Cohort: _____

Orientation Date: _____

Training Completed: ☐ Yes ☐ Pending

Ambassador ID/Record #: _____

Notes: _____
