

GLOBAL AMBASSADOR VOLUNTEER APPLICATION

Galleria Corporate Center, 375 N. Stephanie St., Building 16, Henderson, NV 89014, P: 800-344-3566, F: 888-223-5651, www.icesusa.org

STUDENT CONTACT INFORMATION			
Name:			
Address:			
City:	State:	Zip Code:	
Cell Phone:	Home Phone:	Home Phone:	
Email:	Date of Birth:	Date of Birth:	
High School:	Current Grade & GI	Current Grade & GPA:	
PARENT/GUARDIAN CONTACT INFORM	MAIION		
Parent/Guardian 1 Name:		Home Phone:	
Cell Phone:	Home Phone:	Home Phone:	
Parent/Guardian 2 Name:	LL N		
Cell Phone:	Home Phone:	Home Phone:	
SCHOOL SPORTS, ACTIVITIES & HONO	RS		
COMMUNITY & VOLUNTEER ACTIVITIES & EXPERIENCE			
Tell us a little about yourself (interests, personality, etc.).			
Why are you interested in volunteerin	a as a Clobal Ambassador?		
wity are you interested in volunteening			
Describe any ideas you have for sup	porting and helping exchange stu	udents at your high school.	
REFERENCES			
Please list two adults that know you well. At lea		ber at your school. Do not list relatives.	
Reference #1 Name:	Relationship to you:		

Email:

Email:

Relationship to you:

Please fill out and email the completed application to ga@icesusa.org

Cell Phone:

Cell Phone:

Reference #2 Name: