



Student Ambassador Nomination Form

Student Name: _____

Student Address, City, Zip: _____

Student Phone: _____ Student E-mail: _____

Parent's Name: _____

School Attending: _____ Grade: _____

School Address, City, Zip: _____ Phone: _____

Briefly describe any school activities in which you have been involved or are currently involved:

Current service hours? (#): _____

Are your service hours up to date? (Broughton Student only): (YES) (NO)

By applying to become a WELL Ambassador I am making a good faith commitment to adhere to all duties and expectations: (YES) (NO)

Please submit upon completion. Thank you!

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