



Youth Ambassador Application

Name: _____ Age: _____

Address: _____

School: _____ Current Grade: _____

Email: _____ Phone Number: _____

Preferred Name: _____ Pronoun: _____

Gender Identity: _____ Race/Ethnicity: _____

Emergency Contact: _____

What groups or teams are you / have you been involved with?

What issues are important to you / what are you passionate about?

Name one problem you solved recently and how you solved it.

How do you feel about teen pregnancy?

What three words best describe you?

Please give your signed application to our Youth Ambassador Coordinator, Johnathan Rodríguez Báez at jrbaz@cocountywellnessservices.org, or print it out and drop it off at the Health Resource Center in the nurse's office - door #5