Angel Junior Academy Application

Application due by: **August 1, 2025**

Name _____
First MI Last

Address_____

City: _____ State: _____ Zip: _____

Phone _____ E-mail _____

Age: _____ Grade: _____ School: _____

Parent(s) Name:_____

Parent(s) Cell #: _____ or _____

Why do you want to be a Junior Ambassador? (Short paragraph – 3–5 sentences)

What interests you most about our mission?

Have you volunteered before? If yes, where?

What strengths or skills would you bring to the program?
(e.g., social media, public speaking, art, organization)

Do you have any ideas to help spread our message or raise funds?

Are you able to commit to monthly virtual meetings and 3–5 hours of volunteer work per month? ☐ Yes ☐ No ☐ Maybe

Are you able to commit to volunteering monthly? ☐ Yes ☐ No ☐ Maybe

Parent/Guardian Signature: _____ Date: _____
☐ I give my child permission to participate in this program.