



Junior Ambassadors Program 2023-2024

Application Information

**Application Deadline:
Friday, September 8**

All completed applications must be received by Friday, September 8th. Students will be notified of status in the program by Friday, September 15th.



Check List:

- _____ Completed application form
- _____ Personal essay (maximum 2 pages)
- _____ Proof of final grades from previous school year (unweighted preferred, include GPA)
- _____ 1 Recommendation form completed by teachers, guidance counselors, employers, and/or youth leaders - *For new students only*
- _____ Parental permission and consent form

Please submit all application materials to:

educationdepartment@blumenthalarts.org

Questions regarding the program or application process should be directed to Special Programs Manager, Tommy Prudenti, at:

tprudenti@blumenthalarts.org or 704.348.5830



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Typed Applications are preferred.

PERSONAL INFORMATION

Name: _____
First Middle Last

Student Email Address: _____

Student Home Address: _____

Student Phone (Check one: Mobile Home) _____

Date of Birth: _____ Preferred Name: _____

Preferred Pronoun: _____

Parent/Guardian: _____

Parent Email Address: _____ Cell/Home: _____

Potential Vest Size: (Please check your preferred size)

XSmall Small Medium Large XLarge XXLarge

Are you able to attend the orientation on Saturday, September 30? Yes No

(Orientation is MANDATORY for all JA students. It will begin in the morning and last until lunch.)

SCHOOL INFORMATION

High School Currently Attending: _____

Grade Level 2022-23 (please check one): Junior Senior

Cumulative GPA: _____ Career Goal: _____

List extracurricular activities (school and community):

PERSONAL ESSAY

Please use the following prompts in your personal essay: (1) Describe yourself. (2) How have the arts impacted your life? (3) What do you hope to gain from your time serving as a Junior Ambassador? The essay must be typed, double spaced, in 12-pt font, and be two pages or less in length.

Applicant Signature

Date



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Legal Parent/Guardian Consent Form

- I, _____, as the legal parent/guardian of _____
_____ give permission for him/her to volunteer as a Junior Ambassador for Blumenthal Performing Arts. I do not hold Blumenthal Performing Arts liable or responsible for any lost personal belongings or for any injury that may occur during his/her volunteer service or activity participation.
- I will be responsible for providing reliable transportation to and from Blumenthal venues when he/she is scheduled to volunteer and participate in seminars or special activities.
- I will be responsible for providing insurance and assuming responsibility for all injuries and expenses that may result while he/she is providing volunteer services or participating in activities at Blumenthal Performing Arts.

PARENTAL CONSENT – please initial next to the statement of consent

_____ I understand that some productions may contain adult content and/or language. I permit my teenager to make choices at their discretion based on their personal comfort level around show content for future ushering duties.

Please Note:

- Completing an application does not guarantee selection.
- Students will be thoughtfully selected from all eligible applicants.
- Students who do not continue to meet the ushering and seminar attendance requirements of the program may be terminated from the program at any time.

Parent/Guardian Signature

Date

Parent Email Address

Parent Phone Number



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EMERGENCY CONTACTS

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Any instructions in case of an emergency: _____

Are you able to perform the essential functions of this position, with or without accommodation? Junior Ambassadors must be able to stand for long periods of time, climb stairs to all levels of our theaters, and read tickets in dim lighting. If accommodations are needed, please describe below. If you have any concerns about these tasks, we're happy to discuss with you.

Allergies, medical conditions, severe illnesses (please include dietary restrictions as well): _____

I certify that all of the information provided in this application is true and correct to the best of my knowledge.

Signature _____

Date _____