

Signature:

Seattle Community Council

Date:__

Youth Ambassador Application

		Applicant	Inform	ation			
Full Name & Preferred Pronouns :			Birth Date:				
	Last	First			M.I.		
Address:	Street Address					Apartment/Unit #	
	City				State	ZIP Code	
Phone:			Email				
		Are you able to travel Juneau April 19-21:			Vaccinated fo	Have you been Vaccinated for Covid- 19:	
		Ancestral Home Village in Alask	a:				
Are you able	e to attend Chapte	er meetings the 1 st Thursday of the mor JanJune/SeptNov. 5:30pm-7:30p	nth				
		Edu	oation				
		Eau	ıcation				
High School:							
From:	Т	o: Did you graduate	YES ∋? □	NO	Diploma:		
College:							
From:	Т	o: Did you graduate	YES ∋? □	NO	Degree:		
Other:							
From:	To	o: Did you graduate	YES e?	NO	Degree:		
		Disclaimer	and Signa	ture			
I certify that n	ny answers are tr	ue and complete to the best of my know	wledge.				
I understand selected to be should I be se	e the Seattle Cha	aida Tribal Assembly is an alcohol and pter Youth Ambassador. I will also do n	drug free e my due dilig	event and ence to p	by signing I will cor articipate in all Sea	duct myself accordingly if ttle Chapter Meetings and Events	