



**AFRICAN COMMUNITIES OF MANITOBA INC**

**Africa Pavilion – Ambassador Application:**  Year

*(Please Return completed form to ACOMI contact at the footer (bottom) of the form)*

Please Check one: Youth Ambassador:  Adult Ambassador:

**Qualification as an Africa Pavilion Ambassador by age:**

- Youth Ambassador – You must be between 12 and 17 years old as of May 1<sup>st</sup> in the year you are volunteering.
- Adult Ambassador – You must be at least 18 years old as of May 1<sup>st</sup> in the year you are volunteering.

First Name(s): \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Female:  Male:  Language(s): \_\_\_\_\_

Organization or Community Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Parent's Email and Phone Number (Youth Ambassador ONLY)*

\_\_\_\_\_  
*Parent's Email* *Parent's Phone Number*

Have you been an Africa Pavilion Ambassador before? Yes:  No:

*If Yes, Please state year(s):* \_\_\_\_\_

Have you been a Volunteer at the Africa Pavilion? Yes:  No:

*If Yes, Please state year(s):* \_\_\_\_\_

*If Yes, Please indicate area(s):* Performer:  Volunteer:  Vendor:  Other: \_\_\_\_\_

In 3 or 4 sentences, please state why you will like to be an Africa Pavilion Ambassador:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature and Date: \_\_\_\_\_