



HSLDA Ambassadors Application Form

(Email as attachment to ambassador@hslda.org)

We're glad you're interested in becoming an HSLDA Ambassador! Please complete all fields and review before submitting. Incomplete applications will not be processed. If you complete this application as requested, you will hear back from us within a week of submission.

State: _____

APPLYING FOR:

State Ambassador

☐ as an individual

☐ as a couple

Community Ambassador

☐ as an individual

☐ as a couple

Youth Ambassador

☐ as an individual (Complete "Adult Sponsor" section at the end of the application.) *Please note that youth ambassadors must be sponsored by an enrolled adult ambassador.*

APPLICANT INFORMATION: (If applying as a couple, list both first names and titles.)

Title(s): _____

First Name(s): _____

Last Name: _____

Street Address: _____

City: _____

State: _____

ZIP: _____

Email: _____

Cell#: _____

For Service Projects: T-shirt size preferred (men's sizing):

☐ S

☐ M

☐ L

☐ XL

(Additional shirt):

☐ S

☐ M

☐ L

☐ XL

Do you have Ambassador age children (15-18) at home:

☐ Yes

☐ No

Are you a U.S. citizen?

☐ Yes

☐ No

If no, country of citizenship:

Why would you like to serve as an Ambassador?

Please list skills and qualifications you possess which equip you to serve as an Ambassador:

Are you open to volunteering more than a year? ☐ Yes ☐ No

How did you hear about HSLDA Ambassadors?

- ☐ Another ambassador ☐ HSLDA website ☐ Court Report ☐ Facebook
☐ Homeschool conference ☐ Homeschool group ☐ Advertisement ☐ Other

Please check the following boxes if you agree to perform these minimum ambassador duties:

- ☐ I will review online training within 2 weeks of being approved.
☐ I commit to attend quarterly ambassador conference calls or listen to archived calls as they occur.
☐ I will be responsive to home office email communications.
☐ I will volunteer at least 5 hours per month.
☐ I agree to fulfill my ambassador responsibilities to the best of my ability and in a manner which glorifies God.
☐ I will submit to a basic background check at HSLDA's expense. I understand that my social security number may be requested to complete the last step in the application process.
☐ I agree to allow HSLDA to use appropriate photos or comments from me in print or digital media.

REFERENCES: (1) Must have known you for at least three years, (2) may not be related to you, and (3) couples may use the same references.

1. Reference 1 (spiritual oversight)

Name: _____

Street Address: _____

City: _____

State: _____

ZIP: _____

Email: _____

Cell#: _____

2. Reference 2 (friend or co-worker)

Name: _____
Street Address: _____
City: _____ **State:** _____ **ZIP:** _____
Email: _____ **Cell#:** _____

ADULT SPONSOR FOR YOUTH AMBASSADOR:

Sponsor Title: _____
Sponsor First Name: _____
Sponsor Last Name: _____
Sponsor Address: _____
Sponsor City: _____ **State:** _____ **ZIP:** _____
Sponsor Email: _____ **Sponsor Cell#:** _____

By signing below, you certify that all the information provided on this application is true and accurate.

Signature **Date**

Email an electronic copy to ambassador@hslida.org, fax to (540) 338-2733, or send by regular mail to:
HSLDA Ambassadors Coordinator | HSLDA Compassion | P.O. Box 1152 | Purcellville, VA 20134

Supporting the Compassionate Work of HSLDA