



## Youth Ambassador Application Form

Name:

Address:

Postcode:

City/State/Zip:

Daytime Telephone:

Evening Telephone:

Email:

Date of Birth:

Name of School/College (if applicable):

Address of School/College:



Hobbies/Interests:

Ethnicity:

Religion:

Gender:

Dietary Requirements:

Any Allergies/Illness:

Name of Parents:

Parents Contact Number:

List the name of your favourite person:

Tell us the reason that this person is your favourite:

List three things that you feel would make the world a better place in which to live:

Please indicate which of the following apply to you:

- School Student
- College Student
- Full/Part-time Employment
- Young Parent
- Currently Seeking Employment
- Young Person with a Disability
- Other (please specify)

**How did you hear about the Youth Ambassador programme?**

**Letter/Essay Page**

100 words or less. Please use another page if needed.

Why I want to be a “BulliesOut Youth Ambassador” and how I feel it will benefit myself and my community:

**Parental Consent:**

As the parent/guardian, you play an important role in your child's experience as a Youth Ambassador. We ask that you discuss the programme and responsibilities with your child and sign the statements below indicating consent.

Applicant Name:

**PARENT or LEGAL GUARDIAN** (please print):

I, \_\_\_\_\_, give my child,

\_\_\_\_\_ permission to participate as a volunteer Youth Anti-Bullying Ambassador for BulliesOut.

My child and I have reviewed all application materials. I understand that my child named above wishes to be considered for this role and I hereby give my permission for them to serve in that capacity, if accepted by BulliesOut.

I understand that my child is required to attend, where possible, the meetings/Skype meetings for the effective, safe and responsible performance of their role. My child agrees to abide by all requirements set forth by BulliesOut. I understand and support the commitment my son/daughter is agreeing to uphold should he/she be selected as a Youth Ambassador. I will provide guidance and assistance to them as needed during their service.

I understand that should my child withdraw from the BulliesOut Youth Ambassador programme, all BulliesOut resources will be returned to the charity immediately.

Please specify any health limitations your child has or any pertinent medical information:

**Parent/Guardian Contact Information**

Home Phone:

Mobile/Cell Phone:

Work Phone:

Email Address:

Full Address (if different from applicants)

Parent/Guardian Print Name:

Parent/Guardian Signature:

Date:

Once completed and signed, please return this form to:

BulliesOut T109, Titan House, Cardiff Bay Business Centre,  
Lewis Road, Cardiff CF24 5BS

Alternatively, please scan a signed copy to [ambassadors@bulliesout.com](mailto:ambassadors@bulliesout.com)

***Please note, as postal charges have changed, to ensure safe delivery it is advised to have the envelope weighed to make sure the correct postage is applied.***