



# D.R.E.A.M. Ambassador Application

## Adopted Youth

(Only 2 slots available; this is a two year commitment)

(Ambassadors are the leaders of the statewide D.R.E.A.M. Council)

\*Must be 14 years of age

Print please:

**Youth Name:** \_\_\_\_\_

**Youth Address** \_\_\_\_\_

**Sex:**  Male  Female      **Date of Birth:** \_\_\_\_\_      **Age:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Youth Cell phone:** \_\_\_\_\_      **County where youth lives:** \_\_\_\_\_

**Youth currently employed?** \_\_\_\_\_      **Where?:** \_\_\_\_\_

**County when adopted:** \_\_\_\_\_

**Parent/Guardian name:** \_\_\_\_\_

### Parent/Guardian contact information

- **Name:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_

**Is the Parent/Guardian willing to provide transportation to all Dream Ambassador Activities? Yes** \_\_\_ **No** \_\_\_

**Education:**                      **Name/Location**                      **Degree/Graduation**

**High School:** \_\_\_\_\_



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**How do you think being an Adopted Youth Ambassador will make a difference in Alabama?**

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## References: *(3 required)*

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

I certify that all of the information in this application is true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not considering me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Send completed applications to the attention of the following persons:***

Email to:

**Stephanie Keahey**

**[skeahey@childrensaid.org](mailto:skeahey@childrensaid.org)**

**205-943-5354**

**Mail to:**

2141 14<sup>th</sup> Avenue South

Birmingham AL 35205

**Or fax to:**

**205-933-3004**

***Nurturing the child by strengthening the family. Find CAS on the web:***

