



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

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

(Must be 14 years of age)

Please print legibly:

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

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

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

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

**Youth Cell phone:** \_\_\_\_\_

**Did someone refer you? Yes \_\_\_ No \_\_\_ Name:** \_\_\_\_\_

**Current Placement name:** \_\_\_\_\_

**Current Placement number:** \_\_\_\_\_

**County where youth lives:** \_\_\_\_\_

**Social Worker's name:** \_\_\_\_\_

**Social Worker County:** \_\_\_\_\_

**Social Worker's contact information**

- **Email Address:** \_\_\_\_\_
- **Contact Number:** \_\_\_\_\_

<b>Education:</b>	<b>Name/Location</b>	<b>Degree/Graduation</b>
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<b>High School:</b>	_____	_____
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<b>College:</b>	_____	_____
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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:*

