

Ambassador Application

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|---|----------|-------|----------------|
| Name | | | Youth or Adult |
| Address | | | Postal Code |
| City | Province | Phone | Email Address |
| What programs, services, or activities are you involved with through Manitoba Possible (Past or Present)? | | | |
| What are your general interests? | | | |
| What characteristics do you possess that you feel would make you a great Ambassador? | | | |
| Why are you interested in becoming the Ambassador for Manitoba Possible? | | | |

I certify that I have completed this form and that the statements made by me are true and complete to the best of my knowledge.

I _____ (first/last name) hereby authorize my information to be used to process my application in consideration for the Ambassador opportunity with Manitoba Possible and its entities. All information provided will be used in accordance with the privacy policy of Manitoba Possible and will not be shared with any third party.

Legal Guardian Signature (if 17 & under)

Date

Submit Application to: humanresources@manitobapossible.ca by January 29, 2021.