

Name



2020 YOUTH AMBASSADOR APPLICATION

Please complete all sections of this application. Use additional pages if required. Persons should also provide no more than a 90-second video to personally reflect why you think you are the most qualified candidate for this position.

| Home Address (if applicable) | | | | | |
|--|------|---------------------|--------------------|-------------------------|--|
| phone | cell | e-mail | | | |
| Summarize your interest in the problem of homelessness. | | | | | |
| What skills and knowledge are you willing to bring to this position? Please check one box per skill. | | very experienced | some experience | little or no experience | |
| Street outreach | | | | | |
| Public speaking | | | | | |
| Communication, Public and Media Relations | | | | | |
| Writing, Journalism | | | | | |
| Special Events (planning, organizing, and implementing) | | | | | |

Please provide one personal and one professional reference we may contact for information about your performance in these positions:

| Name | |
|------------------------------|--|
| Traine . | |
| Organization (if applicable) | |
| Address | |
| Phone | |
| Email | |
| Relationship/Affiliation | |
| | |
| Name | |
| Organization (if applicable) | |
| Address | |
| Phone | |
| Email | |
| Relationship/Affiliation | |

If you have a current CV or resumé, please attach it.

For more information and to submit completed applications, please contact:

Corae Young, Continuum of Care Chair

cyoung@lifestylesofmd.org, 301-609-9900 x214

Applications are due via email by 5pm on Wednesday, February 5th, 2020