

Thank you for your interest in becoming an Ambassador.
Please complete and submit the following application to be considered.

APPLICATIONS ARE DUE NOV 1

Applicants will be notified no later than November 15, 2017.

MAIL TO:

Ovations Offstage Ambassador Program
Portland Ovations
50 Monument Square, 2nd Floor
Portland, ME 04101

EMAIL TO:

Ovations Offstage
offstage@portlandovations.org

APPLICATION CHECK-LIST ✓

- Application Questions
- Personal essay (250-300 words)
- Photo release form
- Parental consent form
- Headshot (any photo of full face, with no one else in the picture, full page size)
- Two recommendation forms
- Most recent report card from 16-17 school year
- Optional additional materials including writing sample, professional resume, etc.

Completing an application does not guarantee selection. Students will be selected from applicants and contacted with their acceptance to the program. Any student who does not continue to meet the requirements of the program may be terminated from the program at any time.



STUDENT INFORMATION/AGREEMENT

STUDENT INFORMATION

First Name _____ Last Name _____

Phone Number _____ Email _____

Home Address _____

City/State/Zip _____

Grade Level _____ School Name _____

AMBASSADOR AGREEMENT

I, as the participant, agree to attend all scheduled events and activities and will communicate at least 24 hours in advance if for any reason, I am not able to attend. I will be responsible for transportation to and from scheduled events and activities.

Participant Signature _____ Date _____

PARENT/GUARDIAN CONSENT

I, as the legal parent or guardian of the participant, give permission for them to participate in the Portland Ovation Offstage Ambassador program. I do not hold Portland Ovation liable or responsible for any lost personal belongings or injury that may occur during activity participation. I will be responsible for providing reliable transportation to and from events when the participant is scheduled to participate in activities. I will be responsible for providing insurance and assuming responsibility for all injuries and expenses that may result while the participant is involved in activities.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Parent/Guardian Email _____



EMERGENCY CONTACT

EMERGENCY CONTACT INFORMATION

Name _____

Name _____

Relationship _____

Relationship _____

Phone _____

Phone _____

Physician Name _____

Phone _____

Hospital Preference _____

Any allergies, medical conditions, illnesses? _____

I hereby grant to Portland Oventions the absolute and irrevocable right and unrestricted permission in respect of photographic portraits, editorial or any picture or video Portland Oventions had taken of me or in which I may be included with others, to re-use, publish and republish the same in whole or in part, individually on in conjunction with other photographs, and in conjunction with any printed matter, in any and all media now or hereafter known, and for any other purpose whatsoever, for illustration, promotion, art, editorial, advertising and trade, or any other purpose whatsoever with restriction as to alteration; from time to time or reproductions thereof in color, black and white or otherwise made through any media.

I hereby waive any right that I may have to inspect or approve the finished products or the advertising copy of printed matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge and agree to save harmless Portland Oventions, its legal representatives or assigns and all persons acting under its permission or authority, from any liability in connection with the use of photographs as aforesaid or by virtue of any alteration, processing or use thereof in composite form, whether intentional or otherwise, as well as any publication thereof even though it may subject me to reproach.

I hereby grant permission to Portland Oventions to photograph me during Portland Oventions activities to use the photographs in audio-visual and printed materials without compensation or approval rights.

Participant Signature _____ **Date** _____

Printed Name _____

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Printed Name _____

1. What is your connection to the arts? (Performance experience, technical skills, writing, etc.)

2. Have you ever attended a Portland Ovarations performance or event? Describe your experience.

3. What was your favorite experience with a live performance? Why?

4. Do you participate in an arts program in school or in the community?

5. Do you have any experience writing for any publications? (School newspaper, yearbook, blog, etc.)

6. Which social media networks do you currently use? (Facebook, Instagram, Twitter, YouTube)

7. Is there a particular performing artist that moves you? Why?

8. Please attach a brief paragraph (250-300 words) on what you would offer to the Ambassador Program.

To be completed by individual recommending the applicant

Applicant Name _____ Grade level _____
 School _____

The above individual is applying to participate in Portland Ovarations Offstage Ambassador program. If selected, the applicant will be required to attend and represent the organization at events, meet with non-profit professionals, and participate in behind-the-scenes operations.

How long have you known the applicant? _____

What is the nature of your relationship to the applicant? Please circle.

Teacher Advisor Employer Other _____

Please check the column that most clearly represents your opinion.

	Excellent	Good	Average	Poor	Unknown
Reliability					
Ability to work with others					
Ability to take direction					
Ability to work independently					
Motivation					
Maturity					
Creativity					

Please circle one: _____

Strongly Recommend

Recommend

Recommend with
Reservations

Do Not Recommend

Is there anything else we should know about this applicant? _____

Name _____

Signature _____ Date _____

Job Title _____ Phone Number _____

To be completed by individual recommending the applicant

Applicant Name _____ Grade level _____
 School _____

The above individual is applying to participate in Portland Ovarations Offstage Ambassador program. If selected, the applicant will be required to attend and represent the organization at events, meet with non-profit professionals, and participate in behind-the-scenes operations.

How long have you known the applicant? _____

What is the nature of your relationship to the applicant? Please circle.

Teacher Advisor Employer Other _____

Please check the column that most clearly represents your opinion.

	Excellent	Good	Average	Poor	Unknown
Reliability					
Ability to work with others					
Ability to take direction					
Ability to work independently					
Motivation					
Maturity					
Creativity					

Please circle one: _____

Strongly Recommend

Recommend

Recommend with
Reservations

Do Not Recommend

Is there anything else we should know about this applicant? _____

Name _____

Signature _____ Date _____

Job Title _____ Phone Number _____