


  
**TEEN AMBASSADORS**  
**OF HOPE**  
**2019 Nomination Form**

Completed forms can be emailed to [hope@Texasadvocacyproject.org](mailto:hope@Texasadvocacyproject.org) or completed online at [www.texasadvocacyproject.org/events](http://www.texasadvocacyproject.org/events) by February 15<sup>th</sup>. Teen Ambassadors will be chosen by a selection committee comprised of members of The Project's Board of Directors and staff.

| Teen Information   |               |                          |                                   |
|--|---------------|--------------------------|-----------------------------------|
| (If any field is unknown leave blank and we will contact teen) |               |                          |                                   |
| <b>Full Name:</b>  | _____         | _____                    | _____                             |
|  | <i>Last</i>   | <i>First</i>             | <i>M.I.</i> <i>Preferred Name</i> |
| <b>Address:</b>  | _____         | _____                    | _____                             |
|  | <i>Street</i> | <i>City</i> <i>State</i> | <i>Zip</i>                        |
| <b>Home Phone:</b>   | _____         | <b>Cell Phone:</b>       | <b>T-shirt Size:</b>              |
|  | _____         | _____                    | _____                             |
| <b>Date of Birth:</b>  | <b>Age:</b>   | <b>Grade:</b>            | <b>School:</b>                    |
|  | _____         | _____                    | _____                             |
| <b>Links to Social Media Platforms (if applicable):</b>        |               |                          |                                   |
| Facebook:  | _____         | Twitter:                 | _____                             |
| Instagram:   | _____         | Other(s):                | _____                             |
| <b>Teen involvement in any clubs or sports:</b>                |               |                          |                                   |
| _____  |               |                          |                                   |
| _____  |               |                          |                                   |
| _____  |               |                          |                                   |
| _____  |               |                          |                                   |
| <b>Other volunteer activities:</b>                             |               |                          |                                   |
| _____  |               |                          |                                   |
| _____  |               |                          |                                   |
| _____  |               |                          |                                   |
| _____  |               |                          |                                   |

| Parent Information      |                                 |
|-------------------------|---------------------------------|
| <b>Parent Name(s):</b>  | _____                           |
|                         | <i>Parent 1</i> <i>Parent 2</i> |
| <b>Parent Phone(s):</b> | _____                           |
|                         | <i>Parent 1</i> <i>Parent 2</i> |
| <b>Parent Email(s):</b> | _____                           |
|                         | <i>Parent 1</i> <i>Parent 2</i> |

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**Nominator Information**

(Leave blank if you are a self-nominating teen)

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to Nominee: \_\_\_\_\_

**Why is applicant qualified to serve as a Teen Ambassador of Hope?**

(200 words max)

**Potential Teen Ambassador, please read and sign the following** (can be obtained by The Project after teen accepts nomination):  
*I give permission for Texas Advocacy Project and its employees to use my photo and likeness to promote the Teen Ambassadors of Hope campaign. I understand that my photo and likeness may be used on The Project's Facebook and Twitter pages, emails, and / or other communications. I am willfully entering into this agreement with Texas Advocacy Project and understand I will not be compensated financially for my participation. **\*Please attach recent photo to application.***

Applicant's Name (printed): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

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