

Foley Ambassador Program

To become a Candidate, check the Eligibility Requirements in the Foley Ambassador Program Handbook. If you qualify, the following documents are REQUIRED. Please complete all the items on the checklist before submitting your paperwork to the City of Foley.

- Complete the Application – please provide a reliable parent email as all correspondence is through email.
- Sign the Contract in the Foley Ambassador Program Handbook (last page)
- Complete the Medical Release Form
- You will need to create a Resume to print and submit with your application.
- You will need to create a Letter of Interest to print and submit with your application.
- Talk to a local business to see if they would be willing to sponsor you.
 - Collect your sponsorship fee. The fee is due at a later date, but can be turned in with the application.

Once all paperwork is complete, please submit to Foley City Hall by: _____.
(Please be aware of the City of Foley's office hours so that your application is not late.)

Your next step is to watch your email for further instructions. A schedule of events will be sent at a later date, however below is a list of typical events:

- PTO Carnival – Volunteer Experience
- Ambassador Day Camp - Learn all the fundamentals of the program. Make-up and hair style techniques, poise and confidence building, and interview skills are just some of the items that will be reviewed.
- Big Lake Ambassador Picnic - Possible candidate experience
- Princeton Coronation and Parade - Come experience the fun of being an Ambassador as we visit the neighboring town of Princeton for their coronation and parade.
- Program Practice - The week before coronation, practice the opening number, self presentation, and everything you need to know on stage.
- Coronation - Interviews will begin that afternoon, a luncheon with the judges, and coronation at 6pm.

Thank you for your interest in the Foley Ambassador Program. Any questions can be emailed to foleyambassador@yahoo.com or call/text one of the coordinators.

Foley Ambassador Coordinators	
Amanda	Paula
320-248-4912	320-249-8049



Foley Ambassador Program
PO BOX 709
Foley MN 56329



Personal Information

Name: First

Middle

Last

Address:

City:

State:

Zip:

Telephone: Cell ()

Home ()

Email Address:

Date of Birth:

Mother's Name:

Telephone Number:

Reliable Email Address:

Father's Name:

Telephone Number:

Reliable Email Address:

Siblings Names and Ages:

Education Information

High School Name:

Year in School:

College Name (if applicable):

Year of Study:

Awards/Honors:

Athletic/Fine Arts Activities:

School Clubs/Organizations:

Employment Information

Employer Name:

Date of Hire:

Supervisor Name:

Job Title:

Favorite Part of Job:

Least Favorite Part of Job:

Sponsor Information

Sponsor Name:

Contact Name:

Telephone Number:

Sponsorship Fee is \$125 and is required by the first day of practice.

Checks can be made payable to: Foley Ambassador Program and mailed to: PO BOX 709 Foley MN 56329

All information will be used for publicity and Ambassador Committee purposes. This document will be given to the judges. Please use complete sentences, do not list! Use a separate sheet if needed.

Community Involvement
Church/Community Activities:
What is your favorite Foley Fun Days Activity and why?
What is your favorite thing to do in Foley and why?
If you could change one thing about Foley, what would it be and why?
Personal Information
Special Interests/Hobbies:
What three words best describe you and why?
Is growing up in today's society easy or hard and why do you feel that way?
What are your plans after high school?
Where do you see yourself in 10 years?
Why should you be chosen as a Foley Ambassador?

Signature: _____

Date: _____

Foley Ambassador & Candidate Contract

As a candidate:

- I understand this position requires a respectable image at all times while volunteering, doing community service and attending royalty functions and must be carried over into personal time as well.
- I understand that I am not required to postpone educational pursuits or employment plans during my year-long reign. However, I am expected to make my appearance schedule a priority.
- I understand a scholarship is awarded at the end of my reign. In order to receive 100% of scholarship money, I am required to be at 85% or more appearances. If attendance falls below 85%, I will be awarded only 75% of scholarship money.
- I understand that if selected as Foley Ambassador I will give up all other ambassador titles immediately and agree not to enter any other pageant/program during my reigning year.

I have read the Foley Ambassador Program Handbook & Contract. I understand what is expected of me and agree to follow the requirements throughout my candidacy and/or reign.

Candidate's Printed Name: _____

Candidate's Signature: _____ Date: _____

As a parent/legal guardian of a candidate:

- I understand that my actions also represent the City of Foley and the Foley Ambassador Program.
- I agree to act respectfully using discretion at all times.
- I understand that my involvement with this program is vital to the success of both the program and my daughter. I will volunteer to help as able, which may include driving the float/Ambassadors to and from events, chaperoning, and assisting Committee Members as needed.
- I agree that any ideas or suggestions I may have will be presented to the Committee Members first.

I have read the Foley Ambassador Program Handbook & Contract. I understand and will follow the requirements and will encourage my daughter to adhere to them during her candidacy and/or reign.

Parent and/or Guardian Printed Name: _____

Parents and/or Guardians' Signature: _____ Date: _____

To be completed by Ambassador Committee Member

Committee Members' Signatures: _____ Date: _____

Sponsorship Fee Collected: _____

Foley Ambassador Program
Medical Release Form

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Father's Name: _____

Phone Number: _____ Phone Number: _____

Address (if different then above): _____

If unable to reach parents in the case of an emergency:

Please contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

MEDICAL INFORMATION:

Allergies: _____

Medical conditions we should know about: _____

Medications routinely taken by the individual: _____

Individual's physician: _____

Clinic Name: _____ Phone Number: _____

Name of Insurance: _____

Policy Holder: _____

Group #: _____ Policy #: _____

Release for emergency care: In case of an emergency during any event with the ambassadors, I (we) give permission to any member of the Ambassador Program or their volunteers to seek emergency medical treatment for my (our) child. This includes the use of anesthesia should this be necessary.

Signature of Mother: _____ Date: _____

Signature of Father: _____ Date: _____