

## Foley Junior Ambassador Program

To become a Candidate, check the Eligibility Requirements in the Foley Junior 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 Junior Ambassador Program Handbook (last page)
- Complete the Medical Release Form
- Write an Essay as stated in the application answering the question: Why would you make a good ambassador? Print off the essay and submit it with your 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](mailto:foleyambassador@yahoo.com) or call/text one of the coordinators.

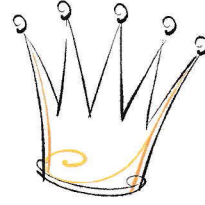
Foley Ambassador Coordinators

Amanda  
320-248-4912

Paula  
320-249-8049



Foley Junior Ambassador Program  
PO Box 709  
Foley, MN 56329



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All bio information will be used for publicity and ambassador committee purposes. This document will be given to the judges. Please only use black ink and write neatly and legibly. Please use complete sentences, do not list!

### Candidate Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (If Different Then Above): \_\_\_\_\_

Siblings (Name and Age of Each Sibling): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Education

School Name: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

What are you involved with in school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you enjoy most about school? \_\_\_\_\_

What activities are you involved in outside of school? \_\_\_\_\_

What community events have you been involved in? \_\_\_\_\_

What kind of pet do you have if any? \_\_\_\_\_

What do you like to do for fun? \_\_\_\_\_

What are your hobbies or special interests? \_\_\_\_\_

Why do you like Foley? \_\_\_\_\_

What do you like to do in Foley? \_\_\_\_\_

If you could change one thing about Foley, what would it be? \_\_\_\_\_

**Essay:** Your essay may be up to 175 words and must be typed using Times New Roman for font type. Please include your name in the upper right corner. Answer the question:

Why would you make a good ambassador?

## Foley Junior 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 expected to make my appearance schedule a priority.
- I understand that if selected as Foley Junior 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 Junior 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 Junior 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' Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

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To be completed by Ambassador Committee Member

Committee Members' Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

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: \_\_\_\_\_