



PARKLAND

Florida

Parkland Youth Ambassador Program

APPLICATION

Do you want to make a difference in your community?

Do you want to learn more about the inner workings of your local government?

Do you believe you would be a good representative of your peers?

Would you like to be eligible to receive a \$2,500 scholarship?

If you answer "YES" to these questions, will be a high school **junior** for the 2025-2026 school year, are a resident of the City of Parkland, and you have a GPA of 3.0 or higher, you are invited to apply to be a member of the year-long Parkland Youth Ambassador Program.

This program was created to encourage active citizenship and community involvement among the City's youth - our public service leaders of tomorrow. If you will be in the **11th grade** at the beginning of the 2025-2026 school year and are interested in becoming a Parkland Youth Ambassador, please complete this application.

Please type or print clearly (blue or black ink only). You may attach additional information if necessary. **All areas** must be completed for this application to be considered. **One letter of recommendation from your high school and one from a community member that is not a relative are required and should be attached to this application along with a certified, sealed school transcript. Applications are due by Friday, May 30th by 4:00 PM at City Hall (6600 University Drive).**

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ School: _____ Current Grade: _____

Street Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Please check all that apply:

- ☐ I have read, understand, and meet all the requirements of the program.
- ☐ I have read and understand all the duties and responsibilities of the program.
- ☐ I will have available transportation to and from Parkland Youth Ambassador Program meetings and events.
- ☐ I understand that in order to be eligible for a scholarship and service hours, I must attend all meetings and complete all duties and responsibilities of the program.

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List three (3) community issues that are important to you and/or your peers:

1. _____
2. _____
3. _____

List any other activities in which you participate (i.e. sports, community programs, school or other groups):

What knowledge, skills, and abilities do you possess that make you a good candidate for the Parkland Youth Ambassador Program?

In 300-500 words, detail the impact and importance of local government on the social fabric of the Parkland community. **Please provide this answer on a separate sheet, double-spaced and attached to this application.**

Applicant's Signature

Date

Parkland Youth Ambassador Program

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This section is to be completed by the applicant's parent or guardian:

I represent that I am the parent or legal guardian of _____
("Applicant") and I hereby grant my permission for the Applicant to participate in the
Parkland Youth Ambassador Program (the "Program").

In the event the Applicant is selected to participate in the Program and in consideration of
the opportunity afforded the Applicant to participate in the Program, I do hereby knowingly,
freely, and voluntarily release, waive, discharge, indemnify, and hold harmless the City of
Parkland, its officers, employees, agents, and volunteers from any and all liability, losses,
expenses, damages, claims, causes of action, or judgments to the fullest extent permitted by
law, including without limitations attorneys' fees and court costs, which may be sustained by
me or the Applicant directly or indirectly in connection with, or which may arise out of, the
Applicant's participation in the Program, whether caused in whole or in part by the
negligence of the City of Parkland, its officers, employees, agents, volunteers, or otherwise.

I have read this Release & Indemnification Agreement and fully understand its terms. By
signing this form, I acknowledge that I have signed it freely and without any inducement or
assurance of any nature and intend it to be a complete and unconditional release of the
City and indemnification from any and all liability to the greatest extent permitted by law
and agree that if any portion of this form is held to be invalid, the balance notwithstanding
shall continue in full legal force and effect.

Parent/Guardian Signature

Date

Printed Name of Parent/Guardian

Street Address: _____

Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Relationship to Applicant: _____