



AMBASSADOR CLUB

Leadership ~ Tutorial ~ College Readiness ~ Life Skill Program

A Black Caucus Foundation of Michigan Program

11000 W. McNichols, Suite 305, Detroit, Michigan 48221~Telephone: (313) 863-3006

Congratulations ! Completion of this application is a major step toward securing a successful future. Each member family of the Ambassadors Club is given mentorship support by the Black Caucus Foundation of Michigan focused on an improved quality of life. Parents and students should complete the application together. This form is required to join the Ambassador Club. After we have reviewed your application, we will arrange for you to have a membership orientation and schedule of club activities. A parental or guardian signature is required on the enrollment application, and a permission slip which will be sent to your parent(s) upon submission of your application. **Enrollment is limited, thus we encourage you to submit your application immediately to be placed on the waiting list. Mail it to us at the address above, or email us at: blackcaucuscommunications@msn.com**

Student _____ **Grade:** _____

Gender: Female Male **Birth Date:** _____ **Student ID Number:** _____
(Circle one)

Students Club Interests: Leadership Development Tutorial Support Homework Support
(Circle all that apply) Mentorship Support Life Choice Skills Academic Enrichment
Public Speaking College Readiness Job Readiness

Student Goal: _____ **Mutual Goal:** _____
(Parent or Guardian / Student Goal)

Parent/Guardian Name(s): _____

Home Address: _____ **City:** _____ **Zip:** _____

Mailing Address: _____ **City:** _____ **Zip:** _____
(If different from above)

Parent's Email: _____

Daytime Phone # _____ **Evening#:** _____ **Cell#:** _____

Emergency Contact (Does your child have health insurance?) Yes ___ No ___

Insurance Company: _____ **Policy Number:** _____ **Group:** _____

Doctor's Name: _____ **Phone#** _____

In case of an emergency (if parents can't be reached) please notify:

Name: _____ **Relationship:** _____

Address: _____ **City:** _____ **Zip:** _____

Daytime #: _____ **Evening#:** _____ **Cell#:** _____

Please list current medications, medical conditions, recent injuries:

| Medical Condition | Medications | Recent Injury |
|-------------------|-------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

My child may be picked up by the following adults:

| Name | Relationship | Phone Number |
|-------|--------------|--------------|
| _____ | _____ | _____ |

The signatures below are a request for enrollment in the Ambassador Club. We agree to support each other and to use our best efforts to fully participate in the program in an effort to stay on course to achieving both the student and mutual goals stated in this application.

Student Signature: _____ **Date** _____

Parent Signature: _____ **Date** _____