



AMBASSADOR CLUB

Leadership ~ Tutorial ~ College Readiness ~ Life Skill Program
A Black Caucus Foundation of Michigan – Drug Free Youth Program
1001 Woodward Ave., Suite 1110. Detroit, Michigan 48226~Telephone: (313) 285-9234



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**. Mail it to us at the address above, give it to your BCF School Facilitator, or email us at: foundation_institute@michiganblackcaucus.org

(Please Print)

Student _____ Grade: _____ School: _____

Gender: ___ Female ___ Male BirthDate: _____ StudentID Number: _____

Students Club Interests: ___ Leadership Development ___ Tutorial Support ___ Homework Support
___ 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 adult:

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.

By submission of this application we also mutually pledge to support each other in living a drug & violence free lifestyle.

Student Signature: _____ Date _____

Parent Signature: _____ Date _____