APPLICATION FOR MEMBERSHIP

Please print or type all information.

PERSONAL DATA

Name: ____________________________________________

UDID: __________________________ Expected Graduation Term: __________________

Phone Number: __________________________ Email Address: __________________________

Hometown City and State: ___________________________________________________________

Major(s): _______________________________________________________________________

Minor(s)/Scholar Program: __________________________________________________________

QUESTIONS:

1. How would you define the role of an Ag Ambassador?

2. Why do you want to be an Ag Ambassador?

3. What contributions could you make to the College if you were selected as an Ambassador?

4. What qualities do you think a person should possess to be a successful Ag Ambassador?
   Why are these qualities important?
5. What experience or event in the College of Agriculture and Natural Resources has most impacted you?
(Think in terms of something you would share with a prospective student as a way to illustrate your experience here.)

6. List the clubs in which you are active, including your leadership role(s) and dates of membership.

7. List one faculty member in the College of Agriculture and Natural Resources who knows you well and could speak on your behalf.

8. How did you learn about the Ag Ambassadors? (Check all that apply)
   - Email
   - Current Ag Ambassador(s):
   - Flyer
   - Talk of Townsend
   - Other:

All of the information on this application is correct and not misrepresented in any way. By signing below, I verify this fact and also indicate my interest in being considered for membership in the Ag Ambassadors. I understand that submission of this application does not guarantee membership or an interview. Interviews will be based on a preliminary review of applications. Final selection of Ag Ambassadors will be based on a combination of interview, application, and a review of credentials.

Signed: _________________________________________________   Date: ____________________

Return this application to the Office of Undergraduate Student Services in 104 Townsend Hall by Friday, March 1, 2019.
Applications will NOT be accepted after this date.