



REQUEST FOR STUDENT AMBASSADORS

Submit this form six weeks before the event in order to ensure that your department's request will be presented at the Student Ambassador monthly meeting; *meetings are held on the first Wednesday and Saturday of the each month.* After each monthly meeting, the requester will receive a list of volunteers who have agreed to cover your event. **Upon receipt of the list of volunteer(s), the requester will be responsible for all communication.** If you have any further questions regarding your request, call Paul McGuinness at ext. 2213.

Name: _____

Department: _____ Phone: _____

Name of Event: _____

Date of Event: _____ Event Location: _____

Starting Time: _____ a.m./p.m. Ending Time: _____ a.m./p.m.

Time to Report for Event: _____ a.m./p.m. Number of Ambassadors needed: _____

ATTIRE PREFERRED: *Ambassador Blazer* *Ambassador Polo Shirt* *Professional* *Casual*

DESCRIPTION OF DUTIES:

- | | | | |
|--|-------------------------------------|---|---|
| <input type="radio"/> Official Greeter | <input type="radio"/> Tour Guide | <input type="radio"/> Information Table | <input type="radio"/> Other (explain Below) |
| <input type="radio"/> Speaker | <input type="radio"/> Telemarketing | <input type="radio"/> University Representative (explain below) | |

Description:

For office use only - please do not write below this line:

PRINT INFORMATION

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Office Use: For Record Keeping Purposes			
Reminder Postcard Sent:		Hours Earned:	
Copy sent to requestor:		Entered into SACE:	