



**Dear Potential Youth Ambassador:**

Thank you for your interest in joining the Friends of Gandy Dancer State Trail Board as a Youth Ambassador. We are excited about the ideas and contributions you will bring to our organization. Friends of Gandy Dancer State Trail is a registered 501c3 comprised of a board of directors, members, and volunteers. Our mission is to promote, maintain and enhance the trail for people-powered activities.

**Here are a few examples of what we do for the Gandy Dancer State Trail:**

- *organize annual clean-ups and regular trail workdays*
- *assist our partners with the removal of storm debris and general trail maintenance*
- *plan, promote, and sponsor special events*
- *raise money to purchase trailhead fixtures such as interpretive displays, kiosks, bike racks, educational markers, and shelters*
- *secure grants and do good in our communities*

**Here is how we think you can help us to advocate for the Gandy Dancer State Trail:**

**Ambassador Position Descriptions and Duties:**

- *Ages 12-18*
- *Receive parental consent*
- *Commit to attending and participating in monthly board meetings (via Zoom or in-person)*
- *Help the board grow awareness and use of the trail for area youth*
- *Volunteer for service events and other organized activities and events*
- *Advocate for people-powered use of the trail*

To be considered for the Youth Ambassador position, please complete the information below, the application questions and agreements on the next two pages.

**Return the complete application and parental consent form to: Friends of Gandy Dancer State Trail PO Box 123, Frederic, WI 54837 or email [friendsofgandy@gmail.com](mailto:friendsofgandy@gmail.com).**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School District: \_\_\_\_\_ County: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## **Friends of the Gandy Dancer State Trail Youth Ambassador Application Questions:**

1. Why are you interested in becoming a youth ambassador for the Friends of the Gandy Dancer State Trail?
2. What experience or skills do you have that would help you make a positive contribution to this program?
3. Are you willing to commit the time and effort necessary to actively contribute to the goals and duties of this position and organization? Explain.
4. Why do you value the Gandy Dancer State Trail? What does it mean to you or to this community?
5. Please tell us more about yourself. (hobbies, interests etc.)

***If selected for this position, I agree to perform the duties and responsibilities to the best of my ability to help support the goals of the Friends of the Gandy Dancer State Trail.***

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT or LEGAL GUARDIAN:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_, give my child, \_\_\_\_\_, permission to participate as a volunteer youth ambassador on The Friends of Gandy Dancer State Trail board. My child and I have reviewed all application materials. I understand that my child named above wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity.

Please specify any health limitations your child has or any pertinent medical information:

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_