



WQPT/PBS Ambassador Program Application

Personal Information <i>(Please Print)</i>		
Last Name:	First Name:	MI:
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Email Address:
Date of Birth:	T-Shirt Size:	
University/College Attending:		
Program of Study:		
Anticipated # of Credit Hours Taking Fall Semester:	Anticipated Graduation Date:	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you speak any language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what language(s)?		
Have you ever volunteered for WQPT or a PBS Station? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, in what capacity and when?		
Please list the student organizations and extra-curricular activities that you have participated in:		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you plan on working this summer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your availability in the summer on weekdays and weekends		
Are you interested in working with children? <input type="checkbox"/> Yes <input type="checkbox"/> No		



Would you feel comfortable giving a children's workshop in front of a group of people? Yes No

What have you found to be your greatest challenge as a student?

What skills and/or talents do you possess that would contribute to the WQPT/PBS Ambassador Program?

Attach your resume and two letters of recommendation by May 1st

References

Please list the name and telephone numbers of the two references from whom you will be requesting letters of recommendation: (Please identify one faculty and one personal reference.)

Name:

Name:

Relationship:

Relationship:

Phone:

Phone:

Email:

Email:

The information that you provided on and with this application form is collected under the authority of the Colleges Act and Freedom of Information and Protection of Privacy Act Section 33©. It will be used to determine your eligibility for the WQPT/PBS Ambassador Program and for the administering of the program.

I certify that I have read and understood all the instructions and information on and with this application and understand the requirements of the WQPT/PBS Ambassador Program. The information I have supplied is true and complete in all respects to the best of my knowledge.

Signature

Date

(Keying your name above on the signature line is equivalent to signing your name to this document and therefore conveys your acknowledgement and authorization of the above statements.)

Mail App. to: WQPT
Attn: Michael Carton
3300 River Drive
Moline, IL 61265

For more information: Logon to <http://wqpt.org/involved/>
Call (309) 764-2400 x65026

Email to: MT-Carton@wiu.edu **Fax:** (309) 764-2410

**Due to the nature of working with young children,
all applicants will be subject to:**
Rock Island and Scott County Background Check
State of Illinois Department of Children and Family Services Check