**Application for Ambassador**

**of the T.E.A.C.H. Early Childhood® Iowa and Child Care WAGE$® Iowa Programs**

Iowa Association for the Education of Young Children

6200 Aurora Avenue, Suite 605E| Urbandale, IA| 50322

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

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Current or Past T.E.A.C.H. Participant? Yes No Current or Past WAGE$ Participant? Yes No

Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday (month/day): \_\_\_\_\_\_\_\_\_\_\_\_\_ Want contact info labels? Yes No

1. Why do you want to be an Ambassador? (your name, email, phone #)
2. Describe your child care connections and other ways you are involved in your local community:
3. List three ways you could see yourself promoting Iowa AEYC programs in your community:

Agreement:

Do you agree to share your enthusiasm about T.E.A.C.H., WAGE$ and Iowa AEYC with your Early Childhood

network and local community? \_\_\_\_ (Initial)

Do you commit to communicating on a quarterly basis, by phone and/or email with Iowa AEYC staff regarding

your outreach efforts? \_\_\_\_ (Initial)

Do you commit to initiate ways to be an actively involved Ambassador? \_\_\_\_ (initial)

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

Send Questions and Application to: [info@iowaaeyc.org](mailto:tsothman@iowaaeyc.org) │ (515) 331-8000