

Ambassador of the Summit Program Application

Name:

Email Address:

Phone Numbers (cell, home, work):

Mailing Address:

Jacket Size (men's size - xs, s, m, l, xl, xxl):

How did you find out about the program?

After thoroughly reading the "AOS Mission Statement", "Duties of the Ambassador", AOS Policies and Procedures" and "Five Points of Great Guest Service"; what skills/experience have you had that are applicable to this position?

Although we can not guarantee the area and day of your choice, which would you prefer to work? (Please indicate with a 1, 2, and 3 for the area)

	Saturday	or	Sunday
___ Alpental	___		___
___ Summit West	___		___
___ Summit Central	___		___
___ Summit East (Nordic Center)	___		___

All Ambassadors must carry their own medical insurance.

I you have any questions please contact me at 206 783 0157 or by email.

Return this form to:

Cay Shoemake
9235 Evanston Ave N
Seattle WA 98103

Or via email at: cay@wolfenet.com