



# Student Ambassador Packet 2013-2014

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For The Exceptional provides interactive social outlets to children and young adults with disabilities, while providing their parents and our communities with information, support, and assistance!

*For The Exceptional currently works with 16 schools, numerous organizations, and had been featured on several broadcasts throughout the Charleston Metro Area!*



## CURRENT PROGRAMS

**A Very Special Prom** is an opportunity for special need young adults whose physical and mental disabilities limit their social involvement to experience an event that has been created with their needs in mind. In connection with this event,

**A Very Special Boutique** distributes formal clothing to special needs students in the Charleston Metro Area For *Free!* Additionally, FTE gives our special needs community the opportunity to attend

**Camp For The Exceptional** a week long, summer day camp that is nothing short of Spectacular!



We Also offer opportunities for **Everyone** to come out and **Support** out **Special Needs Community**





## FOR THE EXCEPTIONAL

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## STUDENT AMBASSADOR PROGRAM

### PROGRAM DESCRIPTION

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For The Exceptional (FTE) Student Ambassadors serve as frontline representatives for the Special Needs Student Community. FTE Student Ambassadors are a small group of students dedicated to the positive promotion of For The Exceptional's Mission. FTE Student Ambassadors serve in multiple capacities throughout the year at various admissions events and activities. They also serve as host for students who participate in A Very Special Prom. Student Ambassadors have the unique opportunity to develop and receive training in communication, public relations, marketing and interpersonal skills.

***Student Ambassadors WILL be asked to volunteer at events.***

### RESPONSIBILITIES

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- Promote the For The Exceptional Mission
- Positively represent For The Exceptional
- Active Involvement in Current Schools Special Needs Department
- Assist in the recruitment of future Student Ambassadors

### REWARDS

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- Potential for future leadership as an Ambassador Officer as an upperclassman
- Sharpen communication and public speaking skills
- Improve interpersonal and conversational skills
- Develop networking skills through participation of For The Exceptional events
- Develop leadership to use in college and beyond

### QUALIFICATIONS

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- Current Student in good academic and disciplinary standing
- Good written and oral communication skills
- Ability to balance academics, co-curricular activities and wellness
- Able to speak about For The Exceptional with an honest and positive perspective
- Passionate about serving the Special Needs Community!

SCHOOL: \_\_\_\_\_



# FOR THE EXCEPTIONAL STUDENT AMBASSADOR APPLICATION

## STUDENT INFORMATION

Name: \_\_\_\_\_  
Last First

Gender:  Male  Female Grade \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street Address Apt/Unit #

City State ZIP Code

Home ☎: ( ) Alternate ☎ ( )

Emergency Contact: \_\_\_\_\_ Emergency ☎: ( )

## VOLUNTEER BACKGROUND

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Previous experience working with disabled:  No  Yes **If yes,**  Relative  Student  Other  
**If yes, which**

Do you speak any languages other than English?  No  Yes **languages?** \_\_\_\_\_

Is there anything else about you that you would like us to know? If so, please describe here:  
\_\_\_\_\_  
\_\_\_\_\_

## 30 words explain why YOU should be a For The Exceptional Ambassador

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## FOR THE EXCEPTIONAL

### STUDENT AMBASSADOR RECOMMENDATION FORM

*The student who has asked you to complete this form is applying to become a For The Exceptional Student Ambassador. This program provides select students with the opportunity to work within the Special Needs Community. Your assistance is greatly appreciated in the evaluation of this student. Please return completed form to the student in a **sealed** envelope.*

#### STUDENT INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

#### TEACHER/ COUSELOR INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

COURSE AREA \_\_\_\_\_

Please evaluate the student listed above by completing the following information:

#### **RANKING SCALE**

5 = Exceptionally High    4 = Above Average    3 = Average    2 = Below Average

Ability and Personality Traits		Personal Integrity	
Social and Emotional		Ability to Work with Peers	
Ability to Work with Teachers		Leadership Qualities	
Oral Communication Skills		Writing Skills	
Creativity		Academic Ability	

Indicate strength of your overall endorsement by checking the appropriate box:

- Highly Recommended
- Recommended
- Recommended with Reservation
- Not Recommended

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



**FOR THE EXCEPTIONAL**  
STUDENT AMBASSADOR ADDITIONAL FORMS

**VOLUNTEER COMMITMENT AGREEMENT**

As a volunteer, I \_\_\_\_\_, will  
Accept supervision and direction.  
Act as a team player with other volunteers & Wheeler staff.  
Work with consideration and courtesy.  
Display a positive attitude while serving others.  
Be punctual and work conscientiously.  
Respect the privacy of the guests, musicians, and leadership team.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Print Full Name**

\_\_\_\_\_  
**Date**

**INSURANCE WAIVER & RELEASE OF LIABILITY FORM**

In consideration of being allowed to participate in any way in connection with For The Exceptional and or related events and activities, I \_\_\_\_\_:



1. Agree that prior to participating, I will inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I will immediately advise For The Exceptional of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I will be engaging in activities that involve moderate risk of serious injury which might result only from my own actions, inactions or negligence of others or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for damages and or injuries.
4. Release, waive, discharge and covenant not to sue For The Exceptional, its affiliates, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Print Full Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Print Full Name**

\_\_\_\_\_  
**Date**

**MEDIA RELEASE FORM**

**MEDIA/PHOTO WAIVER:** I hereby authorize and give my full consent to For The Exceptional to copyright and/or publish any and all photographs, digital recordings, videotapes and/or film in which I appear may be used for public view. I further agree that For The Exceptional may transfer, use or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Print Full Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/ Guardian Signature**

\_\_\_\_\_  
**Print Full Name**

\_\_\_\_\_  
**Date**