



## Taylor ISD Ambassador Program

### Application for Enrollment

2018 - 2019

Goal: To invite a group of community members (ambassadors) to take an in-depth look at the programs and opportunities currently offered at each campus in Taylor ISD. Participants will then have current and accurate information about the Taylor Public schools to share with others.

- All applications for enrollment in the TISD ambassador program must be completed and returned to the Taylor ISD central administration office, 3101 North Main Street Suite 104, no later than September 14, 2018.
- Your signature at the bottom of this application authorizes Taylor ISD to complete a criminal background check. (Required for participation in this program)
- Applicants must be 18 years of age or older to be considered. Space is limited. In the event that all spaces are filled, a waiting list will be established for cancellations and openings in future Ambassador classes.
- Applicants will be notified of acceptance by September 17, 2018. The 2018 – 2019 Ambassador class will meet from 8:15am – 2:00pm on September 27<sup>th</sup>, October 25<sup>th</sup>, November 8<sup>th</sup>, December 4<sup>th</sup>, January 17<sup>th</sup> February 6<sup>th</sup> and March 5<sup>th</sup>.
- For more information, please contact Tim Crow, Communications and Community Liaison at [tcrow@taylorisd.org](mailto:tcrow@taylorisd.org) or at 512.365.1391

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Address (include P.O. Box if applicable)  
\_\_\_\_\_

Preferred Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

Name and phone number of person to contact in case of emergency:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship: \_\_\_\_\_

Please list any current or past involvement with the Taylor schools:  
(parent, volunteer, school board member, employee, guest speaker, PTO officer, attendee at school board meetings, etc. . .)

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What do you hope to learn from taking this course and how do you anticipate using this information?

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Yes/No I am able to commit to attending and participating in all sessions – four full days and one half day.

Yes/No I understand that acceptance into the TISD Ambassadors Program is for myself only and I will not be able to bring children or other guests to the sessions.

Please provide the TISD with the following information so that we may complete a background check as part of the application process.

The state in which your driver's license was issued \_\_\_\_\_

Your driver's license number \_\_\_\_\_

Your date of birth \_\_\_\_\_

Full, legal name (Please print clearly) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

*Please print this application and return to:*

*Taylor ISD  
Attn. Tim Crow  
3101 North Main Street, Suite 104  
Taylor, Texas 76574*