



Taylor ISD Ambassadors Program Application for Enrollment 2017 - 2018

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 ambassadors program must be completed and returned to the Taylor ISD central administration office, 3101 North Main Street Suite 104, no later than September 15, 2017.
- 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 18, 2017. The 2017 – 2018 Ambassador class will meet from 8:15am – 2:00pm on September 28th, October 19th, November 8th, December 6th, January 11th and February 7th.
- For more information, please contact Tim Crow, Communications and Community Liaison at 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. . .)

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

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*