

Spirit Ambassador Candidate Application

Our Bethel submits the following Daughter as a candidate to represent our Bethel as a Spirit Ambassador for the 2026-2027 Grand year. (Please.type.or.print)

Daughter Name: _____

Pronouns: _____

Bethel Town & Bethel #: _____

Daughter Birthdate (DD/MM/YYYY): _____

Age as of June 24, 2026: _____

Daughter Mailing Address: _____

Daughter Phone Number: _____

Daughter Email Address: _____

Parent or Legal Guardian Name(s): _____

Parent or Legal Guardian(s) Mailing Address(es): _____

Parent or Legal Guardian(s) Email Address(es): _____

Bethel Guardian Name: _____

Bethel Guardian Address: _____

Bethel Guardian Email: _____

Permission Form

We, the Executive Council members of the Bethel Guardian Council have reviewed the objectives and responsibilities of the Spirit Ambassador Program. We understand the program and agree to support our candidate in the event she is selected as a Spirit Ambassador.

Signature of Bethel Guardian: _____

I, the Parent or Legal Guardian of the candidate have reviewed the objectives and responsibilities of the Spirit Ambassador Program. I understand the program and agree to support my daughter so that she may fulfill their responsibilities in the event she is selected as a Spirit Ambassador.

Signature of Parent or Legal Guardian: _____

I, as the candidate for my Bethel, have reviewed the objectives and responsibilities of the Spirit Ambassador Program. I understand the program and agree to fulfill my responsibilities to the best of my ability should I be selected as a Spirit Ambassador.

Signature of the Candidate: _____