

## WCHS Ambassador Family Program



Please respond to as many questions as you feel comfortable answering so that we can connect you with a family with shared background or interests.

Select One:

I would like to **BE** an Ambassador Family \_\_\_\_\_

I would like to **BE ASSIGNED** an Ambassador Family \_\_\_\_\_

How would you like your Ambassador Family to assist with your integration into the WCHS community: \_\_\_\_\_

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Please identify the members of your family who will participate in the program:

Name: \_\_\_\_\_ Parent: \_\_\_\_ Student: \_\_\_\_ (Grade: \_\_\_\_\_)

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Spoken Languages: \_\_\_\_\_ Occupation: \_\_\_\_\_

Interests/Hobbies/School Activities: \_\_\_\_\_

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Name: \_\_\_\_\_ Parent: \_\_\_\_ Student: \_\_\_\_ (Grade: \_\_\_\_\_)

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Spoken Languages: \_\_\_\_\_ Occupation: \_\_\_\_\_

Interests/Hobbies/School Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Parent: \_\_\_\_ Student: \_\_\_\_ (Grade: \_\_\_\_\_)

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Spoken Languages: \_\_\_\_\_ Occupation: \_\_\_\_\_

Interests/Hobbies/School Activities: \_\_\_\_\_

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\_\_\_\_\_

Name: \_\_\_\_\_ Parent: \_\_\_\_ Student: \_\_\_\_ (Grade: \_\_\_\_\_)

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Spoken Languages: \_\_\_\_\_ Occupation: \_\_\_\_\_

Interests/Hobbies/School Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Parent: \_\_\_\_ Student: \_\_\_\_ (Grade: \_\_\_\_\_)

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Spoken Languages: \_\_\_\_\_ Occupation: \_\_\_\_\_

Interests/Hobbies/School Activities: \_\_\_\_\_

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\_\_\_\_\_

Name: \_\_\_\_\_ Parent: \_\_\_\_ Student: \_\_\_\_ (Grade: \_\_\_\_\_)

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Religion: \_\_\_\_\_

Spoken Languages: \_\_\_\_\_ Occupation: \_\_\_\_\_

Interests/Hobbies/School Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anything else we should know about your family: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Your family will stay in the pool until the earlier of the following: (1) you are assigned a family; (2) your last child graduates from WCHS; or (3) you request to be removed.

Please email your completed form to [wchsptsa.presidentelect@gmail.com](mailto:wchsptsa.presidentelect@gmail.com).

*Thank you for participating!*