**Research Ambassador – Application Form**

**Complete and submit this application form to become a Research Ambassador**

We are evaluating applications on a rolling basis, so please fill it out at your earliest convenience and email it to [**info@childrensinnovationcenter.org**](mailto:info@childrensinnovationcenter.org) **Questions? Call/Text: 510-894-1497**

|  |  |
| --- | --- |
| **Current Information** | |
| **Student Full Name:** |  |
| **Current Education:** |  |
| **Education Institution:** |  |
| **City / State:** |  |
| **Emerging Innovators Research Program completion:** | yyyy |
| **Contact Phone Number:** |  |
| **Contact Email Id:** |  |
| **What have you done after the research program? How has it helped you in your current pursuit?** *(max. 200 words)* | |
| **Please briefly explain your motivation for becoming a Research Ambassador:** *(max 200 words)* | |

**Agreement:**

I am willing to share information about my research experience

with the broader community and my peers

I am willing to submit a report for every activity I organize, as well as a short end of

semester report.

I would like to serve for  one academic year.

I would like to serve for  two academic years.

Are you willing to create a 2-minute video presentation about your passion and research experience?

Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| **Date, location:** |  | **Signature:** |  |