**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** **Questions? Call/Text: 510-894-1497**

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| --- |
| **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

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