



THE UNIVERSITY OF  
**SOUTHERN  
 MISSISSIPPI**  
*College of Health*

2009 - 2010

**AMBASSADOR APPLICATION FORM**

**Application deadline: June 1, 2009**

Name: \_\_\_\_\_  
Last First Middle

Major: \_\_\_\_\_

Classification for fall semester: Freshman Sophomore Junior Senior Graduate

Anticipated graduation date: \_\_\_\_\_ Total Credit Hours in which you anticipate you will be enrolled:  
 Summer 09 \_\_\_\_\_ Fall 09 \_\_\_\_\_ Spring 10 \_\_\_\_\_

Contact information

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Local address: \_\_\_\_\_

Permanent address: \_\_\_\_\_

This position may involve some night and weekend events. Will you be available to do both?

Yes No

Could you attend a summer organizational meeting ~ one weeknight after 5 o'clock? Yes No  
 one Saturday or Sunday afternoon? Yes No

On a separate sheet of paper please answer the following questions:

- 1.) Why would you like to hold a College of Health Ambassador position?
- 2.) How do you feel you can contribute to both the College of Health and your academic department?

Please complete this application, attach a current resume and return to  
 Dianne S. Coleman, M.S.  
 College of Health  
 118 College Drive #10075  
 Hattiesburg MS 39406

For more information, contact Dianne Coleman at 266-5882 or [dianne.coleman@usm.edu](mailto:dianne.coleman@usm.edu).