



# OHIO REHABILITATION ASSOCIATION

A CHAPTER OF THE NATIONAL REHABILITATION ASSOCIATION

## STUDENT AMBASSADOR APPLICATION FORM

**PLEASE PRINT CLEARLY AND RETURN BY OCTOBER 3, 2011**

PLEASE REVIEW THE ATTACHED INSTRUCTIONS FOR DETAILS REGARDING THE STUDENT AMBASSADOR PROGRAM SPECIFICS

Name \_\_\_\_\_ University \_\_\_\_\_

Home  Work Mailing Address \_\_\_\_\_  Female  Male

City, State Zip \_\_\_\_\_  Home  Cell # \_\_\_\_\_

Email Address (required) \_\_\_\_\_ NRA Member # \_\_\_\_\_

### STUDENT AMBASSADOR PROGRAM APPLICATION QUESTIONS

1. **DATES OF PARTICIPATION:** Will you be available to participate in activities as outlined on the Student Ambassador Program Information sheet? Please indicate ALL days you can participate:

Wednesday, November 2, 2011  Thursday, November 3, 2011  Friday, November 4, 2011

2. **SPECIAL NEEDS/ACCOMMODATIONS:** Do you have any special needs or accommodations associated with a disability? Please note ORA will make every effort to provide reasonable accommodations to Student Ambassadors; however, requests for special needs / accommodations must be received by **October 3, 2011**. Special needs may include but are not limited to the following. Please identify any special needs:

Electronic Program Book  Large Print  Braille  Interpreter  Accessible Seating

Describe Other \_\_\_\_\_  Dietary Restrictions/Allergies \_\_\_\_\_

3. **HOTEL ACCOMMODATIONS:** For planning purposes, we must confirm your sex (above) and dates you need a room:

YES, I need hotel accommodations for Wednesday, November 2, 2011

YES, I need hotel accommodations for Thursday, November 3, 2011

Please note ORA plans to provide some hotel rooms for Student Ambassadors. Requests will be addressed on a first come - first serve basis based on the date and time the Application is received. Each room will have two double beds and will be available for up to four students of the same sex. If you have special needs regarding accommodations, please make them known. ORA will make every effort to honor special needs associated with a disability. List the needs you have:

Comments: \_\_\_\_\_

4. **How** did you hear about the ORA Student Ambassador Program? \_\_\_\_\_

*I have completed the above form to the best of my ability and understand the terms and conditions as published*

\_\_\_\_\_  
*Signature of Student Ambassador Applicant*

**RETURN COMPLETED FORM TO:**  
DR. CAROL WAGNER WILLIAMS, STUDENT VOLUNTEER COMMITTEE CHAIR  
5405 BOUCHER DRIVE ORIENT, OH 43146  
PHONE: (614) 875-1512 ~ EMAIL: 831PROFESSOR@GMAIL.COM