



OHIO REHABILITATION ASSOCIATION

A CHAPTER OF THE NATIONAL REHABILITATION ASSOCIATION

STUDENT AMBASSADOR APPLICATION FORM

PLEASE PRINT CLEARLY AND RETURN BY SEPTEMBER 21, 2012

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, October 17, 2012 Thursday, October 18, 2012 Friday, October 19, 2012

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 **September 21, 2012**. 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, October 17, 2012

YES, I need hotel accommodations for Thursday, October 18, 2012

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

FORMS MUST BE POSTMARKED BY SEPTEMBER 21. RETURN COMPLETED FORM TO:

DR. GINA OSWALD, STUDENT VOLUNTEER COMMITTEE CHAIR
3640 COLONEL GLENN HWY, CAC M095B, DAYTON, OH 45435
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