



40 YEARS OF HELPING CHILDREN.

**CARE HOUSE
OF OAKLAND
COUNTY**

Ambassador Program Application

Today's Date: _____

Name: _____

Preferred Method of Contact: Phone Text Email

Phone: _____ Email: _____

Relationship to CARE House: _____

Why do you want to be a CARE House Ambassador? _____

Do you have public speaking experience? YES NO

If Yes, please explain: _____

Are you comfortable speaking publically about child sexual abuse, using anatomically correct vocabulary, and interacting with individuals who may share stories of abuse and/or have an emotional reaction to the information you share during presentations? YES NO

Please explain: _____

