FAIR TRADE AMBASSADOR

2025-2026 PROGRAM APPLICATION

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Cell/Home Phone: _____

Email: _____

High School: _____

Are you a Junior for the 2025/2026 school year? _____

Return completed application to:
Just Creations ◦ 2722 Frankfort Avenue ◦ Louisville, KY 40206
or email to ambassadors@justcreations.org by 6:00 pm, Friday, September 19, 2025.

How did you hear about the Just Creations Fair Trade Ambassador Program?

Why are you interested in the Fair Trade Ambassador Program?

Why do you think Fair Trade is important?

What hobbies, talents, interests, training and/or skills do you have?

Describe any volunteer experiences you have had.

What extracurricular activities are you involved in?

Will you be working during the school year? If so, what is your work schedule?

Are your parents aware that you are applying to be a Fair Trade Ambassador? Do they approve?

AGREEMENT AND SIGNATURE _____

If you are selected, participation requirements for the Just Creations Fair Trade Ambassador Program include:

- Attending the Orientation Retreat on October 19.
- Six learning sessions held throughout the duration of the program, from 5:45 to 7:15 pm, on the following Mondays: November 3, December 1, January 12, February 2, April 13, and May 4.
- Participation in our Llamarama event on November 23.
- Participation in a community service project on March 7.
- Attending Fair Trade Ambassador Rug Night on March 19.
- A presentation about an aspect of Fair Trade given at your school or church sometime in April
- Volunteering for Just Creations a minimum of 5 hours per month.
- Attending the Closing Ceremony on May 29.

If you are willing and able to make the commitment to attend and participate, to the best of your ability, in all aspects of the Just Creations Fair Trade Ambassador Program, please sign below.

Name:(printed) _____

Signature: _____

Parent Name:(printed) _____

Parent Signature: _____

REFERENCE _____

Please provide the contact information or a teacher or church leader who knows you well, and call tell us more about your qualifications for this program.

Name:_____

School or Home Address: _____

City: _____

State: _____ Zip: _____

Phone:_____

Email: _____