



## Daughters of the King (DOK) Ambassador Application

### YOUTH INFORMATION:

Name of Youth: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Name of School: \_\_\_\_\_ GPA: \_\_\_\_\_

School Address: \_\_\_\_\_

School Extracurricular Activities:

\_\_\_\_\_  
\_\_\_\_\_

Church Involvement:

\_\_\_\_\_  
\_\_\_\_\_

Why would you like to be a DOK Ambassador?

\_\_\_\_\_  
\_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Name of Parent/Guardian: \_\_\_\_\_

Address of Parent (if different from above): \_\_\_\_\_

Parent Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

### CHURCH INFORMATION:

Name of Local Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_

Pastor Phone: \_\_\_\_\_ Pastor Email: \_\_\_\_\_

Name of District Superintendent: \_\_\_\_\_