



**2025-2026**  
**Junior Port Ambassador**  
**Program Application**

**Mission: To share and involve the youth of the Canaveral Port Authority Special District in the activities at Port Canaveral, providing youth job opportunity education, workforce development and community outreach.**

- Applications due by May 30, 2025, to [mbradford@portcanaveral.com](mailto:mbradford@portcanaveral.com) or Melanie Bradford, Board of Commissioners  
Canaveral Port Authority  
445 Challenger Road, Suite 301  
Cape Canaveral, FL 32920
- Accepted applicants notified (via email) before the start of the 2025-2026 school year

Four meeting dates, approximately one per nine-week term, will be determined in collaboration with Brevard Public Schools. Most meeting dates will fall on a Friday.

**Requirements:**

1. High School Junior
2. Must have school Principle/Guidance Counselor recommendation and approval.
3. No more than two applicants from each school will be accepted into the program.
4. Preference will be given to students who have an interest in port related fields which include but are not limited to environmental, engineering, maritime fields, hospitality, military, and technical fields such as welding, heavy equipment operation, etc.

**Applications Open To:**

Public and private high school Juniors, and home school Juniors residing in Brevard County



**Please fully complete:**

**Name:** \_\_\_\_\_

**Nickname:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**High School:** \_\_\_\_\_

**Entering grade:** \_\_\_\_\_

**Student phone:** \_\_\_\_\_ **Parent phone:** \_\_\_\_\_

**Parent/Guardian Email:** \_\_\_\_\_

**Do you currently participate in any extracurricular activities? If so, please list.**

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**Do you have any Personal or Career Interests? If so, please describe.**

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**Do you have any work experience? If so, please list.**

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**Have you received any Awards/Honors? If so, please list.**

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*You may upload or attach a resume, but it is not required.*

**Any physical limitations?** If so, please describe. \_\_\_\_\_

**Medical Dietary Restrictions?**

- ☐ None
- ☐ Vegetarian (eggs & dairy acceptable)
- ☐ Vegan (no eggs or dairy)
- ☐ Gluten Free
- ☐ Food Allergies (please list) \_\_\_\_\_

**Transportation:** (check all that apply)

- ☐ I understand my parents/guardians and I are responsible for transportation to/from Port Canaveral to participate
- ☐ I am willing to share my phone and contact information with other students and their families for the purpose of carpooling
- ☐ I am willing to provide transportation to another student in my community

Space Coast Area Transit does stop at Port Canaveral! Please check their schedules and reduced student fares at <https://321transit.com>

**Mandatory Signatures:**

- By signing this application, parent/guardian is giving permission for the above-named student to participate in the Port Canaveral Junior Port Ambassador Program
- By signing this application, school principal/guidance counselor is giving permission for the above-named student to miss school on the scheduled dates and will designate such absence EXCUSED for educational purposes.

**Parent/Guardian**

**School Principal**

\_\_\_\_\_

\_\_\_\_\_

Signature

Signature

\_\_\_\_\_

\_\_\_\_\_

Printed Name

Printed Name

\_\_\_\_\_

\_\_\_\_\_

Date

Date



## MEDIA RELEASE FORM

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

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Email: \_\_\_\_\_

Student phone: \_\_\_\_\_ Parent phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Dear student and parent/guardian:

Port Canaveral may choose to video segments or photograph the students participating in the Junior Port Ambassador program. Port staff may interview, photograph or videotape the students for publication on the Port website, social media, posters, brochures, newsletters, television, radio or at special events. For a child to be involved in this activity, this form must be signed by the student and the parent or legal guardian and returned with the program application. We thank you in advance for your cooperation.

Select one:

- ☐ **I give permission** for my child to be interviewed, photographed, recorded or videotaped for use in Port Canaveral publications, social media, productions or otherwise as described above, including use by the general news media for print or broadcast purposes; and for his/her name to be published in Port Canaveral publications and/or websites and in news publications and broadcasts.
- ☐ **I do not give permission** for my child to be interviewed, photographed, recorded or videotaped for use in Port Canaveral publications, social media, productions or otherwise as described above, including use by the general news media for print or broadcast purposes; and for his/her name to be published in Port Canaveral publications and/or websites and in news publications and broadcasts.

**Parent/Guardian**

**Student**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## MEDICAL TREATMENT CONSENT FORM

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

Nickname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Email: \_\_\_\_\_

Student phone: \_\_\_\_\_ Parent phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

FOOD ALLERGIES (list): \_\_\_\_\_

DRUG ALLERGIES (list): \_\_\_\_\_

MEDICATION CURRENTLY TAKING (list): \_\_\_\_\_

### BRIEF MEDICAL HISTORY

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

The undersigned as the parent(s) and or legal guardian(s) do hereby authorize the Canaveral Port Authority to provide first aid treatment to \_\_\_\_\_

We further authorize the agent or officials of the Canaveral Port Authority to obtain, through a first responder and/or physician of its choice, any emergency care that may become reasonably necessary for the minor in the course of participation in the Junior Port Ambassador Program.

We further authorize at my expense the transport and treatment of the minor to an appropriate hospital in the event of an emergency.

### Parent/Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date