



**2022-2023
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 July 22, 2022 to mbradford@portcanaveral.com or mail to:
Melanie Bradford, Board of Commissioners,
Canaveral Port Authority
445 Challenger Road
Cape Canaveral, FL 32920
- Accepted applicants notified (via email) before the start of the 2022-2023 school year

Four to Five meeting dates, approximately one per nine-week term, will be determined in collaboration with Brevard Public Schools. Most meeting dates will be on a Friday. The final meeting will be on a Wednesday at a Board of Commissioners meeting in April 2023.

**You are encouraged to bring your own electronic device and/or camera
to take pictures & videos.**

Final Project:

You will create a final project as a group— possibly multimedia, video, etc. – that features what you have seen. This presentation will be shared with the Commission as your final meeting. Then the presentation will go back with each student to the high schools throughout the port district, where you will present it in an assembly or morning announcements to your classmates.

Applications Open To:

Public and private high school Sophomores and Juniors residing in Brevard County. Home school students are also welcomed to apply.

Health:

Students will be required to comply with the current health and safety guidelines as determined by Port Canaveral and/or the Centers for Disease Control.



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.

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

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

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



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 is giving permission for the above-named student to miss school on the above dates and will designate such absence EXCUSED for educational purposes. School principal also consents to allow student to present their project back to the school in a format deemed most appropriate by the principal or his/her administration.

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