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# Commute Smart Ambassador Academy

# Participant Application 2024

Dear Applicant,

Congratulations! You have taken the first step toward becoming a Commute Smart Ambassador. By completing this application, you are expressing a desire to make a positive impact on your community through learning and understanding the transportation system and benefits surrounding freedom of movement. You also have a desire to gain skills in leadership, civic engagement, and professional development through an interactive program.

If accepted, the Commute Smart Ambassador Academy (CSAA) program is a unique opportunity for you and your fellow participants to serve your community through technology, community service, and leadership. You will become a volunteer for the Commute Smart Raleigh program with the City of Raleigh’s Transportation Department. The City of Raleigh provides this opportunity through strategic partnerships and offers expanded levels of education, experience, and leadership training.

Many students from around the City of Raleigh will apply for the program, so make sure that your application stands out among the very best. Please answer all questions completely. If you have any questions, email [commute@raleighnc.gov](mailto:commute@raleighnc.gov) or call 919-996-4139. **We will not review incomplete applications.**

We will select six (6) Commute Smart Ambassadors with an application deadline of March 31 at 11:59 p.m. Applicants will be notified of admission into the program by April 18 at 5 p.m. Interviews may be conducted based on the competitiveness of the applications.

**Program Details:**

* Open to applicants between 13 and 15 years old at time of program.
* Space is limited to six (6) students.
* One participant per household; must be a resident of the City of Raleigh.
* Participants are allotted up to one (1) excused absence to graduate.
* Participants are required to fill out a short daily report regarding their experience.
* Participants must agree to completing a survey three to six months after completion of the program.
* Graduates to receive a graduation award.

**Program Schedule & Location:**

* Program Dates: Monday, June 24 – Friday, June 28, 2024 (Five days total).
* Day + Time: 10 a.m. – 3:30 p.m.
* Program Locations: Drop off and pick up at Raleigh Union Station with field trips to different sites.

**APPLICATION OPTIONS**

1. Typed as a Microsoft Word Document
2. Fillable PDF
3. Scanned Image.

E-mailed to: Commute@Raleighnc.gov

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| **APPLICATION**  **PERSONAL INFORMATION** | | | | | | |
| **Full Name:** | | | | | | |
| **Home Address:** | | | | | | |
| **City, State, Zip:** | | | | | | |
| **Home Phone:** | | | **Applicant’s Cell Phone:** | | | |
| **Current Age:** | | | **Date of Birth:** | | | |
| **E-mail Address:** | | | | | | |
| **Name(s) of Parent(s)/Guardian(s):** | | | | | | |
| **Address(es) of Parent(s)/Guardian(s):** | | | | | | |
| **Parent(s)/Guardian(s) Phone Number(s):** | | | | | | |
| **Home:** | | **Work:** | | | **Cell:** | |
| **Parent(s)/Guardian(s) E-mail Address(es):**  **If your child is selected for the program which number is the most preferred for contact? Please Indicate One**  Home Parent Cell Applicant’s Cell Work | | | | | | |
| Food allergies or medical concerns we need to be aware of? If yes, please describe: | | | | | | |
| **Please circle the t-shirt size you would like if admitted into the program. Participants will receive 2 t-shirts. Shirts are in adult unisex sizing.**  **XS S M L XL XXL** | | | | | | |
| **How tall are you (required in order to size the correct bicycle):**  **\_\_\_\_\_\_\_\_ feet \_\_\_\_\_\_\_\_\_\_\_\_\_ inches** | | | | | | |
| **EDUCATION** | | | | | | |
| **Name of Middle School (Current):** | | | | | | |
| **Grade/Class (Current):** | | | **Expected Year of Graduation:** | | | |
| **WORK / VOLUNTEER/ EXTRA CURRICULAR EXPERIENCE** | | | | | | |
| List your previous work, volunteer, and/or extra-curricular experience. Start with the most recent. | | | | | | |
| **Employer/Organization Name** | **Position/Role** | | | **Dates of Employment/Activity**  **Month/Year** | | **Contact Info**  **Supervisor, Address, Phone** |
| 1) |  | | |  | |  |
| 2) |  | | |  | |  |
| 3) |  | | |  | |  |

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| **TRANSPORTATION FAMILARITY** |
| Rate your experience with public transit: **o** High **o** Medium **o** Low **o** Not at all |
| **Do you have access to a GoRaleigh bus line?** Yes o No o Unsure o |
| **Do you have access to a bicycle?** Yes o No o |
| **Are you comfortable riding and maneuvering a bicycle?** Yes o No o |
| **Does your family have access to a personal vehicle?** Yes o No o |
| **How do you currently get to school?**  **o** Bike/Walk **o** GoRaleigh Bus **o** Driven by parents **o** School Bus |
| **If you have to go somewhere other than school (volunteer, job, visiting friends, etc.) how do you get there?**  **o** Bike/Walk **o** GoRaleigh Bus **o** Driven by parents **o** Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Short Answer Questions**  Answer each of the questions below.  Please be thorough with your responses. You may attach additional pages if necessary. |
| **1. Describe a situation or experience where you have taken leadership:** |
| **2. As a leader, what are your strengths and challenges?**  Strengths (at least 3):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Challenges (at least 3):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3. Describe a situation or experience where you have been an advocate to someone or for something.** |
| **4. What are your future goals?** |
| **5. The Commute Smart Raleigh Ambassadors program is an exciting initiative that provides youth with knowledge and expertise about public transit, bicycle infrastructure, alternative modes of transportation, and an understanding about how the City of Raleigh and transportation structures operate. In one paragraph, share why you want to be part of this program and what you want to learn as a program participant.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **6. Describe your experience traveling or acquiring transportation around Raleigh.** |
| **7. How did you hear about this program?** |

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**Privacy Notification:**

The City of Raleighmaintains strict confidentiality and privacy practices to safeguard your personal information. By submitting an application, you will provide personally identifiable information including, but not limited to your name, address, and telephone number. The information you provide will be used for the sole purpose of processing your application. If accepted into a stipend based or program, your social security number will be required to process stipends and wages. The City of Raleighwill restrict access to your information to only those who have a business reason to know your information, unless required by law.

**Non-Discrimination Policy:**

The policy of the City of Raleigh is, and shall be, to oppose any discrimination based on actual or perceived age, mental or physical disability, sex, religion, race, color, sexual orientation, gender identity or expression, familial or marital status, economic status, veteran status or national origin in any aspect of modern life.

**Release, Indemnity, and Agreement Not to Sue**

I understand that participating in the recreational program selected involves risk of injury or illness. These risks include, but are not limited to, inclement weather, accidents while traveling, food related illness, equipment problems or failures, contact with and actions of other participants, spectators, and volunteers, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks. By signing the Program Registration form, I acknowledge all risks of injury, illness, death, and property damage, and affirm that I have assumed all responsibility of injury, illness, or death in any way connected with participation in the program. I also agree for myself and for any child participant to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors, and administrators to release, waive, and discharge any legal rights I may have to seek payment or relief of any kind from the City, its employees or its agents for injury, illness, or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may assert on behalf of the child participation in the program. I also agree not to sue the City, its employees, or its agents and agree to indemnify the City for all claims, damages, losses, or expenses, including attorney’s fees, if a suit is filed concerning an injury, illness, or death to me or to my child resulting from participation in the program.

**By signing below, I acknowledge that I have read, understand, and agree to the City of Raleigh policies listed on this form. My signature also verifies that all information stated is correct.**

**Commute Smart Ambassador Applicant Date**

**Parent/Legal Guardian of Commute Smart Ambassador Date**