Applicant Name: _______________________________

**Tanglewood Young Ambassadors Program** is a concept created by the Boston Symphony Association of Volunteers. Volunteers are the lifeblood of the Tanglewood and the Boston Symphony, donating over 25,000 hours of service each year in a variety of capacities – ushering, working in the gift shop, giving tours, running educational programs and much more. Each year, High School students who are completing their sophomore or junior year, will be selected from Berkshire County High Schools, to form the **Tanglewood Young Ambassadors**. As volunteers, each student is required to perform 20 hours of volunteer service for the Boston Symphony Orchestra and Tanglewood. The Young Ambassadors volunteer for various Tanglewood activities, including the Tanglewood Family Fun Fest, the Instrument Playgrounds, Summer Sundays and other volunteer projects. In return, the Ambassadors are presented with a volunteer badge, which allows them to attend BSO and Tanglewood concerts for that summer.

### Eligibility/Selection Criteria

Applicants must:
- Be at least 16 by June 15, 2018 and a member of the sophomore or junior class of a Berkshire County high school
- Demonstrate leadership in his/her school and/or the community
- Have an interest in furthering his/her knowledge about community leadership and career paths in Berkshire County
- Commit to full participation of at least 20 hours in the **Tanglewood Young Ambassadors Program**

Each group is chosen by a Selection Committee comprised of members of the Boston Symphony Association of Volunteers. The group will be representative of our diverse community and include participants who represent public, private, and charter schools. The Selection Committee strives to achieve balance in the group by ensuring diversity of race/ethnicity, and schools. The Selection Committee’s intent is to have representation from each high school in Berkshire County. To ensure these goals are met, Selection Committee members will coordinate on-site interviews and maintain an active presence during program sessions.

Applications will be thoroughly reviewed, and candidates will participate in individual interviews. Selection criteria includes:
- Commitment to personal growth
- How well students will interact with people of various cultures, backgrounds and age groups
- Commitment and motivation to serve the community
- Strength of recommendations
- Applicant interviews
- Strength of essays
- GPA of at least 70%
- Attendance history at school

The **Tanglewood Young Ambassadors Program** is competitive. A limited number of 10 participants will be selected for each season.
Application for Selection 2018 Class

Applicant Name: _______________________________

Attendance

While the schedules are flexible, you are required to complete 20 hours of service for the Tanglewood Young Ambassadors Program. The orientation, which will be on a Saturday in June (tbd), is mandatory. We will notify participants of this date as soon as it is scheduled. Please remember that when you are serving your hours, you are representing yourself, your family and the Boston Symphony Orchestra.

Instructions

The Boston Symphony Association of Volunteers thanks you for applying to the Tanglewood Young Ambassadors Program. In order for us to process your application, we ask that you complete the application according to the following instructions:

• Type your application and essay.
• As you complete the questions, please feel free to add additional pages as necessary. We ask that you label each additional page with the question you are answering.
• Please submit the application by Friday, March 30.
• Please note that the application must be signed by the applicant, a parent or guardian and his/her Principal/Guidance Counselor.

Application Checklist

Please check off each item once complete:

___ Completed typed application.
___ Completed essay (typed and attached to application)
___ Completed Program Consent Form

Materials should be sent to BSAV Office at
Boston Symphony Orchestra • 301 Massachusetts Avenue • Boston, MA 02115
Phone: (617) 638-9390 • Fax: (617) 638-9266 • Email: bsav@bso.org

ALL APPLICATIONS ARE CONFIDENTIAL AND MUST BE POSTMARKED BY FRIDAY, MARCH 30. ALL APPLICANTS WILL BE CONTACTED FOR INTERVIEWS AND WILL BE NOTIFIED IN WRITING OF THE SELECTION COMMITTEE’S DECISION BY MAY 1.
Application for Selection
2018 Class

Applicant Name: _______________________________

Personal Information

Full Name: ____________________________________________

Home Address #1: __________________________________________

Home Address #2 (if applicable): __________________________________________

Mailing Address (if different than above) __________________________________________

City, State, Zip: __________________________________________

Phone (h): (___) _______________ Phone (c): (___) _______________________

Email Address: __________________________________________

School Information

Name of School: __________________________________________

Who referred you to this program? __________________________________________

Name of Guidance Counselor: ______________________ Phone #: ______________________

Name of School Principal: ______________________ Phone #: ______________________

List up to three (3) activities, recognitions or anything else for which you are proud.

1. __________________________________________

2. __________________________________________

3. __________________________________________
Application for Selection 2018 Class

Applicant Name: _______________________________

Organizations and Activities

Please list in order of importance to you up to five school, volunteer, religious, social, athletic, arts or other activities/organizations/programs in which you have participated within the last 3-4 years.

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<th>ACTIVITY/ORGANIZATION/PROGRAM</th>
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<th>LEADERSHIP/INVOLVEMENT</th>
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Work Experience

List up to three (3) current employment experiences (if applicable): .

1. ........................................................................................................................................
2. ........................................................................................................................................
3. ........................................................................................................................................

Are you currently employed (circle one)?  Yes  No

If yes, where? .........................................................................................................................

Briefly tell what is involved: ...................................................................................................

........................................................................................................................................

How many hours/week do you work? ____________________________
Application for Selection
2018 Class

Applicant Name: ______________________________

Essay

Please write a short essay describing yourself and why you think you would be a good candidate for this program. Your essay should be no more than 500 words and no longer than one page. Please attach the typed essay to this application.

A few things to think about as you write this essay:
Why are you interested in this position?
What skills/interests will you bring to the position?
What experiences do you have that demonstrate your ability to work with diverse people?
What do you hope to gain as participant in this program?
What life experiences have prepared you for being a volunteer?

Recommendations

Please provide two adult individuals and their contact information who know you well that can offer recommendations. Recommendation should not be from members of your immediate family. Please provide contact information below; a member of the Selection Committee will contact these recommendations directly.

Name 1: ___________________________ Relationship: ___________________________
Phone (h): (____) ___________________ Email Address: _________________________

Name 2: ___________________________ Relationship: ___________________________
Phone (h): (____) ___________________ Email Address: _________________________

School Endorsement

I acknowledge this student meets the GPA and attendance requirements and the applicant has our full support and commitments which includes the time required to participate in the program. I also acknowledge this application has the approval of the undersigned school.

School: ________________________________________________________________

Principal’s or Guidance Counselor’s signature: _______________________________________

Print Name: ________________________________________________________________

Daytime Phone: _____________________________________________________________
Application for Selection 2018 Class

Applicant Name: _______________________________

Signature

By signing below, I agree that should I be selected to participate in the Tanglewood Young Ambassadors Program. I have read and understand the attendance policy.

I hereby certify that the information in this application is complete and accurate to the best of my knowledge. I hereby give the Tanglewood Young Ambassadors Program permission to share information on this application with the Selection Committee.

Applicant’s signature: _______________________________ Date: ______________

Program Consent Form

Please read the following statements. All signatures must be complete in order for your application to be processed.

1. I understand that I must serve my 20 hours of service, in addition to the orientation in order to complete this program.

2. During these programs, photographs and/or videos will be taken. I consent to the use of the applicant’s photograph/image in any literature or media involved with Tanglewood.

3. I am responsible for my own transportation to and from the program day site. Students are expected to wear black pants and white shirts to the shifts, unless otherwise noted.

Please Print Name of Applicant: ______________________________________

Applicant’s signature: _______________________________ Date: ______________

Please Print Name of Parent/Guardian: ______________________________________

Parent’s/Guardian’s signature: _______________________________ Date: ______________

Please return completed application by Friday, March 30 to BSAV Office at
Boston Symphony Orchestra • 301 Massachusetts Avenue • Boston, MA 02115
Phone: (617) 638-9390 • Fax: (617) 638-9266 • Email: bsav@bso.org