




## AMBASSADOR LEAGUE

### MISSION: TACTICS

**YOUR ASSIGNMENT:** Complete the assignments outlined below, and file a report for each with headquarters. ALL OF THESE REPORTS AND FORMS ARE REQUIRED TO ACHIEVE AGENT STATUS.

-  1) **PARTNER WITH A MENTOR:** As soon as possible, you should find someone to act as your mentor and meet with you several times throughout the coming year. This person should be an adult that is accessible to you and familiar with your goals for the program, but he/she *cannot* be a member of your family, your teacher or pastor. Your mentor will be there to help and guide you, as well as to share in your walk with God, while holding you accountable for all assignments and helping to keep you on track. Have your mentor sign the Mentor Information form and mail it to HQ. No report is required.
- 2) **SSI EXPERIENCE:** Write a report about your SSI Summer Program experience. Include your thoughts before, during, and after the program, and how the program impacted you.
-  3) **MENTOR MEETINGS:** Meet with your mentor at least SIX times throughout the year, keeping track of all of your meetings on the Mentor Meeting form. When you have completed all six meetings, mail the form to HQ. No report is required.
-  4) **PROMOTE THE SSI SUMMER PROGRAM:** Help promote the SSI Summer Program in your school or church or at an organized event. Make a presentation that includes explaining the SSI Summer Program, what the program meant to you, and distributing brochures (available December) and/or showing the SSI DVD (request one from HQ or download from SSI website). File a report about what you did and what you learned through the experience.
- 5) **FINAL PROJECT:** Write a two-to-three page summary of your Ambassador League experience. This will be the last report you do for the Ambassador League. All reports are due by August 31, 2010.

#### FILING YOUR REPORTS

E-mail each report to [amleague@ssi-online.org](mailto:amleague@ssi-online.org) (preferred), OR mail a hard copy of it to headquarters:

Student Statesmanship Institute  
ATTN: Ambassador League  
P.O. Box 80108  
Lansing, MI 48908-0108  
517-321-6077 – fax



Indicates a signed verification form must be completed and sent to SSI via mail or fax.


Any questions? Contact headquarters via e-mail at [amleague@ssi-online.org](mailto:amleague@ssi-online.org) or call (877) 464-6388.

MISSION VERIFICATION

# AMBASSADOR LEAGUE MISSION: MENTOR INFORMATION

(Required)

**YOUR ASSIGNMENT:** Establish a “mentor” relationship with an adult who is familiar with your goals, and meet with him/her *at least six* times throughout the year for accountability, encouragement and direction. Your mentor may not be a member of your family, your teacher or pastor. The goal is to develop a mentor relationship with a community leader that causes you to stretch outside your comfort zone. In the past, agents in training have had police officers, state legislators, judges, county officials, and even business owners as their mentors.

Complete the information on this form, and have your mentor sign it at the bottom. Then, mail  or fax this form to headquarters (SSI, Attn.: Ambassador League, P.O. Box 80108, Lansing, MI 48908-0108 / 517-321-6077 – fax). *This assignment should be completed as soon as possible.*

Any questions? Contact headquarters via e-mail at [amleague@ssi-online.org](mailto:amleague@ssi-online.org) or call (877) 464-6388.

**AMBASSADOR LEAGUE AGENT:** \_\_\_\_\_

**MENTOR NAME:** \_\_\_\_\_

Relationship to mentor: \_\_\_\_\_

How long have mentor/agent known each other: \_\_\_\_\_

\*Mentor's Address: \_\_\_\_\_

\*City, State & ZIP \_\_\_\_\_

\*Mentor's E-mail: \_\_\_\_\_ \*Home phone: (\_\_\_\_\_) \_\_\_\_\_

Mentor's Title/Occupation: \_\_\_\_\_

Mentor's church: \_\_\_\_\_

\*Work phone: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

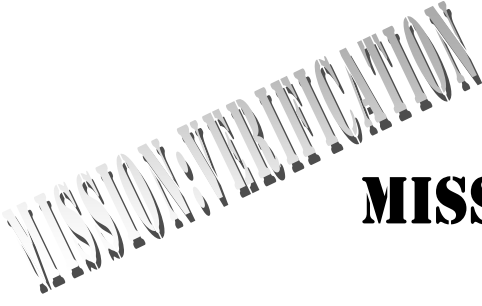
\*Filling in your email permits us to send periodic updates unless you opt to unsubscribe. All personal information is used solely by Foundation for Traditional Values, Student Statesmanship Institute and/or Citizens for Traditional Values, and will not be released, rented, sold or otherwise distributed to anyone at any time for any reason.

## MENTOR AGREEMENT

I agree to mentor **AMBASSADOR LEAGUE AGENT** (name) \_\_\_\_\_.

I understand that this commitment involves meeting with this person at least six (6) times in the period September 1, 2009 through August 31, 2010. By agreeing to be an **AMBASSADOR LEAGUE MENTOR**, I commit to providing help and guidance for this agent in training as he/she strives to complete this program and become an Ambassador for Christ and His kingdom.


Signed: \_\_\_\_\_ Date: \_\_\_\_\_



# AMBASSADOR LEAGUE

## MISSION: MENTOR MEETINGS

(Required)

**YOUR ASSIGNMENT:** Meet with your mentor *at least six* times throughout the year for accountability, encouragement and direction. Complete the information on this report, asking your mentor to sign each section. Then, mail  this report to headquarters (SSI, Attn.: Ambassador League, P.O. Box 80108, Lansing, MI 48908-0108).

Any questions? Contact headquarters via e-mail at [amleague@ssi-online.org](mailto:amleague@ssi-online.org) or call (877) 464-6388.

**AMBASSADOR LEAGUE AGENT:** \_\_\_\_\_

**MENTOR NAME:** \_\_\_\_\_

I certify that I met with this Agent on \_\_\_\_\_, 20\_\_ and discussed his/her progress.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I met with this Agent on \_\_\_\_\_, 20\_\_ and discussed his/her progress.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I met with this Agent on \_\_\_\_\_, 20\_\_ and discussed his/her progress.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# AMBASSADOR LEAGUE

## MISSION: MENTOR MEETINGS

**AMBASSADOR LEAGUE AGENT:** \_\_\_\_\_

**MENTOR NAME:** \_\_\_\_\_

I certify that I met with this Agent on \_\_\_\_\_, 20\_\_ and discussed his/her progress.

Comments: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I met with this Agent on \_\_\_\_\_, 20\_\_ and discussed his/her progress.

Comments: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I met with this Agent on \_\_\_\_\_, 20\_\_ and discussed his/her progress.

Comments: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

MISSION VERIFICATION

# AMBASSADOR LEAGUE MISSION: PROMOTE SSI (REQUIRED)

## VERIFICATION FORM: PROMOTE SSI SUMMER PROGRAM



Email your report to [amleague@ssi-online.org](mailto:amleague@ssi-online.org) AND mail or fax this form to headquarters:

Student Statesmanship Institute  
ATTN Ambassador League  
PO Box 80108, Lansing MI 48908-0108  
517-321-6077 – fax

Any questions? Email headquarters at [amleague@ssi-online.org](mailto:amleague@ssi-online.org) or call (877) 464-6388.

### AGENT INFORMATION (Please include this information with the hard copy of your report.)

---

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

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

City, State & ZIP \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**NOTE: Verification forms are NOT to be filled out by family members or mentors. Someone else must verify your volunteer work.**

Name of person verifying this service activity: \_\_\_\_\_

Position/title: \_\_\_\_\_

I certify that the person listed above (“Agent”) has (description of service/activity:) \_\_\_\_\_

\_\_\_\_\_

for (name of organization:) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Don't let anyone look down on you because you are young,  
but set an example for the believers in speech, in life, in love, in faith and in purity.*  
1 Timothy 4:12