The Ambassador Program is a leadership opportunity for student-doctors who are dedicated to serving and representing Liberty University College of Osteopathic Medicine.

**Application:** Submit in-person printed application to the Office of Student Services or email: LUCOMStudentServices@liberty.edu.

**Program Dates:** 2017-2018 Academic Year

The Ambassador Program is designed to enhance student-doctors as leaders while serving as representatives of Liberty University College of Osteopathic Medicine (LUCOM). The ambassadors are charged to connect with prospective students and current student-doctors as a part of LUCOM’s mission to develop osteopathic professionals who have a commitment to serve one’s fellow man.

The opportunities for service will occur through multiple avenues represented in each stage of the program. Student-doctors interested in becoming an Ambassador must submit an application to the Office of Student Services, who provides oversight for the program.

Once the applications have been received, interview times are arranged throughout September.

**Qualifications**

- Current and enrolled LUCOM student-doctor
- Good academic standing
- Commitment of one year (with good academic standing)
- Demonstrates strong communication and interpersonal skills
- Exhibits dependability, discipline, enthusiasm, initiative, and leadership
Ambassador Program Application

First Name: _________________________  Last Name: _________________________

Student ID #: _________________________  OMS Year: ______

Stage of Program you are applying for: __________________

Please list any campus or community activities you are involved with.
Examples: clubs, organizations, community service, etc. Please list the most recent items first.

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<th>Organization/Activity</th>
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Please answer the following questions.

1. Why are you interested in the Ambassador program?
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

2. What do you hope to contribute to the program?
__________________________________________________________________________________
__________________________________________________________________________________
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3. What do you hope to gain from the program?

__________________________________________________________________________________
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4. What skills or experience do you have in relation to the program’s responsibilities?

__________________________________________________________________________________
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I certify that all the information provided on this application is accurate is true, and acknowledge that any misrepresentation and/or withholding of information may result in rejection of this application or may be considered just cause for disciplinary action.

I also understand that incomplete applications may not be considered.

____________________________________ ______________________________
Applicant Name (printed) Date

____________________________________
Applicant Signature

COMPASS Advisor

As the student’s COMPASS advisor, I acknowledge that this student-doctor can enter into the interview process for the Ambassador Program, and I agree to report academic or behavioral concerns regarding the applicant to the Office of Student Services.

____________________________________
COMPASS Advisor (Printed Name)

____________________________________
COMPASS Advisor (Signature)