



## STUDENT AMBASSADOR PROGRAM

**APPLICATION FORM** 

First name:	Last name:
ODHA membership #: Educat	ional institution name:
Program start date:	Expected date of graduation:
Mailing address:	
Email:	Phone:
APPLICATION QUESTIONS	
Why do you want to become a dental hygienist? (2-3 sentences)	
2. What interests you about the ODHA student ambassador program? (2-3 sentences)	
3. Please tell us about the skills or experience you would bring to the student ambassador position: (2-3 sentences)	

## **POSITION AGREEMENT**

As a student ambassador, you would play an important role in conveying information about ODHA's member supports and resources to the students, as well as relaying student comments and questions to the ODHA. As an ODHA student ambassador, you will commit to forwarding communications to students on behalf of the ODHA, becoming familiar with ODHA student membership benefits, and attending 2-3 meetings per year (Zoom or similar) with your fellow student ambassadors and ODHA staff members.

Once selected, student ambassadors will remain in place as the ODHA ambassador for their graduating

## PLEASE SUBMIT YOUR APPLICATION BY EMAIL TO:

Emily Bain
Member Engagement Coordinator
ebain@odha.on.ca

## **QUESTIONS?**

Please contact Emily Bain at <a href="mailto:ebain@odha.on.ca">ebain@odha.on.ca</a> or call at 1.800.315.6342