

Please email this form to director@rachelstable.org



Student Ambassador

Name: _____

Address: _____

Phone: _____

Secondary Phone: _____

Email Address: _____

Are you available for meetings every other month during the school year? Yes No

When are you available: _____

How did you hear about Rachel's Table: _____

Do you know others that might be interested in becoming a Student Ambassador

Are you available for a 20 minute meeting with our Director? Yes No

Would you like to meet in person or via Zoom? _____