

School Learning Experiences –
FIELD AMBASSADOR APPLICATION FORM
All fields are required.



Section 1: Registrant/Group Leader Information

Mr. Mrs. Ms. First Name _____ Last Name _____
Address Line 1 _____
Address Line 2 _____
City _____ State _____ Zip Code _____
Personal Email _____ Preferred Email? Y or N
Personal Telephone _____

Section 2: School/Organization Contact Information

School/Organization Name: _____
Address Line 1 _____
Address Line 2 _____
City _____ State _____ Zip Code _____
Work Email _____ Preferred Email? Y or N
Work Telephone _____ Work Fax _____

Section 3: School/Organization Profile

Region: CPS Other Chicago Other Illinois Out of State

Type (Check all that apply):

Public Private Neighborhood Charter Magnet Homeschool
 Informal Education Library University Other _____

Statistics: ____ % Low income ____ % Special Education ____ % Limited English

Majority Population Served:

African American Latino/Hispanic White Asian Native American
 Other _____

Section 4: Registrant/Group Leader Profile

Museum Engagement in Past 2 Years (Check all that apply): E2SP Harris Member

Field Trip Student Program at Museum Student Program at my School/Organization
 Museum Docent Museum Individual/Family Member Museum Visitor (personal)

Position: Classroom Teacher School Specialist Administrator Other _____

Subject (Check all that apply): Science Social Studies Mathematics Language Arts
 Fine Arts General Other _____

Grade Level (Check all that apply): Daycare Pre-K 1st 2nd 3rd 4th
 5th 6th 7th 8th 9th 10th 11th 12th Special Education
 ELL Dual Language Gifted Other _____

Experience: Pre-Service Teacher Less than 1 year 1 to 4 years 5 to 10 years
 10 to 15 years More than 15 years

Section 5: Other Questions

Did a Field Ambassador recommend you to this program? If yes, by whom? If no, how did you hear about the program?

Please answer the following questions on a separate piece of paper (no longer than 2 pages):

1. What contribution(s) do you feel you would make to Field Ambassadors?
2. Why would you make a good Field Ambassador for your school?
3. What do you hope to get out of the Field Ambassador program?
4. What do you perceive as the benefit(s) of museum resources and informal learning environments to you as an educator and your students?

Signature _____ Date _____

Principal's Signature _____ Date _____

*This signature verifies your support of the applicant's involvement in the Field Ambassador program.

Please return this form with a) written response to the four questions, b) principal's signature, c) school demographic information (i.e. school Report Card).

APPLICATIONS ACCEPTED MARCH 1 TO AUGUST 1 OF EACH YEAR FOR THE FOLLOWING SCHOOL YEAR.

Mail: The Field Museum – Education Department – 1400 S. Lake Shore Drive – Chicago, IL 60606

Email: educators@fieldmuseum.org Fax: 312-665-7401

School Learning Experiences Sponsor:

