

American Tobiano Overo Association (ATOA)

Youth Ambassador Program – Application



Program Year: _____

1. Applicant Information

Full Name: _____

Date of Birth: ____ / ____ / ____

Age as of January 1: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

2. Age Division (Check One)

Youth Division (Ages 8–10)

Junior Division (Ages 11–15)

Youth Senior Division (Ages 16–18)

(Age is determined as of January 1 of the program year. Applicants remain in their division for the full term.)

3. ATOA Membership

ATOA Youth Membership Number (if known): _____

I am a current ATOA Youth Member in good standing

I will submit a Youth Membership application with this form

4. Parent / Guardian Information (Required for Applicants Under 18)

Parent / Guardian Name: _____

Relationship to Applicant: _____

Phone: _____ Email: _____

5. Horse & Horsemanship Information (Optional but Encouraged)

Horse Name(s): _____

Breed / Color / Age: _____

Primary Discipline(s): _____

6. Involvement & Experience

Please check all that apply:

Showing horses

Ranch / Cow Horse events

Youth leadership programs (4-H, FFA, etc.)

Community service or volunteering

social media / content creation

Other: _____

7. Applicant Questions

1. Why would you like to be an ATOA Youth Ambassador?

(Youth Division applicants may answer briefly or with assistance.)

2. What does good sportsmanship and leadership mean to you?

3. How would you help promote ATOA and encourage other youth to get involved?

8. Availability & Commitment

- I am able to attend virtual meetings or trainings as required
- I am willing to represent ATOA at approved events when possible
- I understand this is a volunteer position with expectations

9. Code of Conduct Acknowledgment

I understand that if selected, I will be required to follow all ATOA Youth Ambassador Program Rules, the ATOA Code of Conduct, and any additional policies set forth by the American Tobiano Overo Association.

Applicant Signature: _____ **Date:** _____

10. Parent / Guardian Consent & Acknowledgment

I give permission for my child to apply for and, if selected, participate in the ATOA Youth Ambassador Program. I understand the expectations, responsibilities, and volunteer nature of this program.

I grant permission for my child's name and image to be used for ATOA promotional purposes

Parent / Guardian Signature: _____ **Date:** _____

11. Submission Instructions

Please submit this completed application by the posted deadline:

- Online submission (if available)
- Or email to: ATOAPaints@gmail.com
- **789 W M-113, Kingsley, Mi 49649**

Incomplete or late applications may not be considered.

American Tobiano Overo Association (ATOA)

Preserving the Paint Horse. Educating the Future. Building Leaders.

