

American Tobiano Overo Association (ATOA)

Youth Ambassador Application Form

Program Purpose

The ATOA Youth Ambassador Program is designed to educate, inspire, and empower youth ages 8-18 to become positive representatives of the American Tobiano Overo Association while developing leadership, communication, and horsemanship skills.

Applicant Information

- Full Name: _____
- Date of Birth: ____ Age: ____
- Mailing Address: _____

- City, State, ZIP: _____
- Phone Number: _____
- Email Address: _____

Parent / Legal Guardian Information

- Parent/Guardian Name: _____
- Relationship to Applicant: _____
- Phone Number: _____
- Email Address: _____

ATOA Membership Information

- Are you currently an ATOA member? Yes No
(If no, membership is required upon acceptance.)

- ATOA Member Number (if applicable): _____

Horse & Equine Involvement (if applicable)

- Horse(s) Name(s): _____
- Breed/Color Pattern: _____

• **Disciplines Involved In (check all that apply):**

Show Ranch Horse Cow Horse Western English Speed Events 4-H Other: _____

Experience & Activities

Please describe your involvement in horses, agriculture, leadership programs, clubs, or community activities (attach additional page if needed):

Essay Questions

1. Why do you want to be an ATOA Youth Ambassador?

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

3. How would you promote ATOA and the Paint Horse community?

Program Commitment

By applying, I understand that Youth Ambassadors are expected to: - Represent ATOA in a positive, professional manner - Participate in youth education activities, events, or online promotions - Serve as a role model for other youth members - Communicate respectfully with peers, adults, and the equine community

I acknowledge and agree to the responsibilities listed above.

References (Optional but Recommended)

Reference Name: _____

Relationship: _____

Phone/Email: _____

Photo Release & Permission

I grant permission for ATOA to use photographs, videos, and submitted materials of the applicant for promotional, educational, and marketing purposes.

- Parent/Guardian Signature: _____
- Date: _____

Applicant Certification

I certify that the information provided in this application is true and complete to the best of my knowledge.

- Applicant Signature: _____
- Date: _____

Submit Completed Application To:

American Tobiano Overo Association (ATOA)

Email: ATOAPaints@gmail.com

Applications may be reviewed annually or as positions become available.