



LIBERTY
UNIVERSITY | COLLEGE *of*
OSTEOPATHIC
MEDICINE

Ambassador Program
Presented by the
Office of Student Services



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*The Ambassador Program is a leadership opportunity
for student-doctors who are dedicated to serving and representing
Liberty University College of Osteopathic Medicine.*

Application: *Submit in-person printed application to the Office of Student Services
or email: LUCOMStudentServices@liberty.edu.*

Program Dates: 2020-21 Academic Year

The Ambassador Program is designed to enhance student-doctors as leaders while serving as representatives of Liberty University College of Osteopathic Medicine (LUCOM). The ambassadors are charged to connect with prospective students and current student-doctors as a part of LUCOM's mission to develop osteopathic professionals who have a commitment to serve one's fellow man.

The opportunities for service will occur through multiple avenues represented in each stage of the program. Student-doctors interested in becoming an Ambassador must submit an application to the Office of Student Services, who provides oversight for the program.

Once the applications have been received, interview times are arranged throughout September.

Qualifications

- Current and enrolled LUCOM student-doctor
- Good academic standing
- Commitment of one year (with good academic standing)
- Demonstrates strong communication and interpersonal skills
- Exhibits dependability, discipline, enthusiasm, initiative, and leadership



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Ambassador Program Application

First Name: _____ Last Name: _____

Student ID #: _____ OMS Year: _____

Stage of Program you are applying for: _____

Please list any campus or community activities you are involved with.

Examples: clubs, organizations, community service, etc. Please list the most recent items first.

Organization/Activity	Position	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please answer the following questions.

1. Why are you interested in the Ambassador program?

2. What do you hope to contribute to the program?



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3. What do you hope to gain from the program?

4. What skills or experience do you have in relation to the program's responsibilities?

I certify that all the information provided on this application is accurate is true, and acknowledge that any misrepresentation and/or withholding of information may result in rejection of this application or may be considered just cause for disciplinary action.

I also understand that incomplete applications may not be considered.

Applicant Name (printed)

Date

Applicant Signature

COMPASS Advisor

As the student's COMPASS advisor, I am acknowledging that I recommend this student-doctor for an ambassador position at LUCOM.

COMPASS Advisor (Printed Name)

COMPASS Advisor (Signature)

