



CTE Ambassador Volunteer Hour Tracking and Verification Form

CTE Ambassador _____ (your name) has completed volunteer hours as part of the CTE Ambassador program with Everett Public Schools by participating in the following events:

Student ID:		Grade:		School: CHS EHS JHS SHS	
Event Date	Event Title	Your Role	Hours Completed	CTE Staff Signature	

CTE Ambassador Name and Signature: _____ Date: _____

CTE DEPARTMENT ONLY

☐ The student above has completed a total of _____ volunteer hours supporting the CTE department

☐ The student above is invited to join us again as an ambassador in the following school year

CTE Director Name and Signature: _____ Date: _____