



U.S. DEPARTMENT OF AGRICULTURE  
FOOD SAFETY AND INSPECTION SERVICE

## Food Safety and Inspection Service Ambassador Application

The Food Safety Ambassador Program coordinates the distribution of consumer education materials at Agency outreach and external events and establishes a unified Identity for all FSIS events.

**Please type.** The application must be complete to be considered. Please complete each section.

### PERSONAL INFORMATION

Name:

Office Address:

City:

State:

Zip Code:

Phone Number:

Mobile Number:

Email Address:

I Certify I am a:

- ☐ Bargaining Unit Employee  
☐ Non-Bargaining Unit Employee

Are you Bilingual?  
(f Yes, Please List All Fluent Language)

☐ Yes, \_\_\_\_\_ ☐ No

### OFFICE INFORMATION

Name of Program Area:

Job Title:

Supervisor's Name:

Email Address:

Phone Number:

### SIGNATURE DISCLAIMER

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to an ambassador position, I understand that false or misleading information in my application or interview may result in my release.

Applicant's Signature: *(Please Print)*

Signature:

Date:

Supervisor's Signature: *(Please Print)*

Signature:

Date:

Please email completed application to:

and copy [Adam.Ghering@fsis.usda.gov](mailto:Adam.Ghering@fsis.usda.gov)