



Ambassador League
OUT OF YOUR COMFORT ZONE. INTO YOUR COMMUNITY.

Verification Form Packet

2024-2025



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Check-In-Calls Log

Instructions: Attend at least four Ambassador League Check-in calls throughout the year for accountability, encouragement, and direction. Fill out this form for each call you attend. After the fourth call, e-mail a scan or photograph of the completed form to amleague@ssionline.org.

Ambassador League Agent: _____

1. Date of Call: _____ Current Point Status: _____

Describe any roadblocks or difficulties you are encountering:

Outline your goals for the coming month:

2. Date of Call: _____ Current Point Status: _____

Describe any roadblocks or difficulties you are encountering:

Outline your goals for the coming month:

3. Date of Call: _____ Current Point Status: _____

Describe any roadblocks or difficulties you are encountering:

Outline your goals for the coming month:

Check-In-Calls Log

4. Date of Call: _____ Current Point Status: _____

Describe any roadblocks or difficulties you are encountering:

Outline your goals for the coming month:



5. Date of Call: _____ Current Point Status: _____

Describe any roadblocks or difficulties you are encountering:

Outline your goals for the coming month:



6. Date of Call: _____ Current Point Status: _____

Describe any roadblocks or difficulties you are encountering:

Outline your goals for the coming month:

Verification Form Requirements

- To receive the point for an assignment that requires a verification form, you must submit your report AND a scan/photo of the SIGNED verification form to amleague@ssionline.org.
- Verification forms are NOT to be filled out by family members. Someone else must verify your presence. The person needs to be able to confirm that you did what the activity requires, but they do not have to be the focal point of the activity. For example, when you observe a local trial, the judge does not need to sign your Verification Form but the bailiff or clerk could.
- Assignments Requiring Verification Forms:
 - Tactics: Promote LEAD
 - Observe: Judicial Trial / Review
 - Observe: Local Government Meeting
 - Observe: Committee Meeting and Legislative Session
 - Observe: Shadow a Local Leader
 - Action: Volunteer for a Non-Profit Organization*
 - Action: Volunteer for a Public Policy Action Group or Political Campaign*
- Any questions? E-mail Headquarters at amleague@ssionline.org or call (517) 321-6233

Volunteering for a Non-Profit Organization, Public Policy Action Group, or Political Campaign

This packet does not contain the verification forms for volunteering for a non-profit organization, public policy action group, or political campaign. To obtain the verification form, you must have the organization or campaign(s) approved by Headquarters.

- To submit your organization/campaign for approval, fill out this form: <https://ssionline.org/ambassador-league/volunteer-approval-form/>
- In the form, explain what organization(s) or political campaign(s) you would like to volunteer for and how this organization(s) meets the requirement of the organization (seeks to make positive change in your local community for a non-profit, affects public policy either through legislative action, educating the public on an issue, or the issue or position the candidate is pursuing).
- Once Headquarters approves the organization(s), you will be e-mailed the verification form. If you volunteer for the organization/campaign before having it approved by Headquarters, the hours may not be able to be counted toward this assignment.
- As a reminder, for non-profit organizations, at least half of your required hours (20 hours total for Special Agents, 10 hours total for Agents) must be with an organization that serves the community's underprivileged, poor, at risk, or otherwise challenged individuals.

Verification Form - Tactics: Promote LEAD

Agent's Name: _____

Assignment Requirements: Promote LEAD, Student Statesmanship Institute's summer program, to a group of at least 10 people for a minimum of 10 minutes. This presentation should include what the program is, what it meant to the student, and why others should come.

Verification of Completion

Name of person verifying this activity: _____

Title and/or Position: _____

Name of Organization: _____

I certify that the student named above has completed the requirements as described above:

Signed: _____

Date: _____

Verification Form - Observe: Judicial Trial or Review

Agent's Name: _____

Assignment Requirement: Observe a session of a judicial trial that is open to the public.

Verification of Completion

Name of person verifying this activity: _____

Title and/or Position: _____

Name of Organization: _____

I certify that the student named above has completed the requirements as described above:

Signed: _____

Date: _____

Verification Form - Observe: Local Government Meeting

Agent's Name: _____

Assignment Requirement: Observe a local meeting of the school board, city council, county commissioner, or another government meeting that is funded by taxpayers.

Verification of Completion

Name of person verifying this activity: _____

Title and/or Position: _____

Name of Organization: _____

I certify that the student named above has completed the requirements as described above:

Signed: _____

Date: _____

Verification Form - Observe: Committee Meeting and Legislative Session

Observe: Committee Meeting

Agent's Name: _____

Assignment Requirement A: Observe a legislative committee meeting.

Verification of Completion

Name of person verifying this activity: _____

Title and/or Position: _____

Name of Organization:

I certify that the student named above has completed the requirements as described above:

Signed: _____

Date: _____

Observe: Legislative Session

Agent's Name: _____

Assignment Requirement B: Observe a legislative session.

Verification of Completion

Name of person verifying this activity: _____

Title and/or Position: _____

Name of Organization: _____

I certify that the student named above has completed the requirements as described above:

Signed: _____

Date: _____

Verification Form - Observe: Shadow a Local Leader

Agent's Name: _____

Assignment Requirement: Spend a day shadowing a local leader.

Verification of Completion

Name of person being shadowed: _____

Title and/or Position: _____

Name of Organization: _____

I certify that the student named above has spent the day shadowing the person listed above.

Signed: _____

Date: _____

To be completed if the person verifying is not the person who was shadowed

Name: _____

Position: _____

I certify that the student named above has spent the day shadowing the person listed above.

Signed: _____

Date: _____