

## Welcome & eligibility

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### Graduate Committee mission

The Graduate Committee of the South Carolina Counseling Association exists to support graduate students as they transition from academic training to professional practice as Licensed Professional Counselors, Licensed School Counselors, and Licensed Clinical Social Workers. Through networking, mentorship, professional development, and shared resources, the committee fosters a supportive community that empowers emerging professionals to thrive in their careers.

### Volunteer commitment

Serving as an SCCA Conference Ambassador is an opportunity to represent both your graduate program and the South Carolina Counseling Association. Selected ambassadors are expected to demonstrate professionalism, reliability, punctuality, teamwork, and exceptional service.

### Eligibility requirements

- Currently enrolled in a graduate program
- In good academic standing
- Available to serve 8 hours each day of the conference (exceptions considered case by case)
- Attend volunteer orientation
- Demonstrate professionalism throughout the conference

### Personal information

**Full name**

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**Preferred name**

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**Pronouns (optional)**

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**University**

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**Graduate program**

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## Personal information & team preferences

Specialty area

Year in program

Expected graduation

Email

Phone

### Professional license goal

Select your professional license goal:

☐ Licensed Professional Counselor (LPC)

☐ Licensed School Counselor

☐ Licensed Clinical Social Worker

☐ Other (specify below)

If other, specify

### Conference specialty team preferences

Rank your preferred teams (1st, 2nd, 3rd). Leave others blank.

Photography

IT / Technology Support

Continuing Education Certificates

Information

Session Coverage

# Specialty skills & experience

## Specialty team skills

Photography

- ☐ Event photography
- ☐ Photo editing
- ☐ Willing to learn

IT / Technology Support

- ☐ PowerPoint
- ☐ Zoom
- ☐ AV setup/breakdown
- ☐ Computer troubleshooting
- ☐ Audio equipment
- ☐ Willing to learn

Continuing Education Certificates

- ☐ Detail-oriented
- ☐ Organization
- ☐ Confidentiality

Information

- ☐ Customer service
- ☐ Communication
- ☐ Public speaking
- ☐ Comfortable directing large groups
- ☐ Observant and detail-oriented

Session Coverage

- ☐ Friendly and approachable
- ☐ Strong verbal communication
- ☐ Customer service experience
- ☐ Problem-solving
- ☐ Professional demeanor

Other team assignments

- ☐ I am willing to serve on another team if needed.

## Experience

Describe your volunteer, leadership, or work experience:

Why are you interested in serving as an SCCA Conference Ambassador?

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## Experience, availability & recommendation

Describe a time you worked successfully as part of a team:

### Additional skills

Check all that apply:

- |                                                   |                                                   |
|---------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> CPR                      | <input type="checkbox"/> Mental Health First Aid  |
| <input type="checkbox"/> ASL                      | <input type="checkbox"/> Spanish / Other Language |
| <input type="checkbox"/> Canva                    | <input type="checkbox"/> Social media             |
| <input type="checkbox"/> Leadership experience    | <input type="checkbox"/> Event planning           |
| <input type="checkbox"/> Returning SCCA volunteer | <input type="checkbox"/> Other                    |

Other language or additional skill (if applicable)

### Availability

Confirm your understanding:

- ☐ I understand ambassadors are expected to volunteer 8 hours each day.

If requesting an exception, please explain:

### Faculty recommendation

One recommendation is required. Choose Academic Advisor or Internship Supervisor.

Reference type:

- |                                           |                                                |
|-------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Academic Advisor | <input type="checkbox"/> Internship Supervisor |
|-------------------------------------------|------------------------------------------------|

Reference name

Title

Institution / Agency

## Recommendation & professionalism agreement

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Reference email

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Reference phone

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### Recommendation letter

One faculty recommendation letter is required. This fillable PDF cannot collect an uploaded document. Please follow the submission instructions supplied with this application for sending the letter separately.

### Professionalism agreement

By signing below, I agree to represent SCCA professionally, arrive on time, complete assigned responsibilities, follow the dress code, attend orientation, and communicate promptly if I am unable to fulfill my assignment.

Typed signature (full name)

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Date

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### Submission note

Save your completed PDF before attaching it to an email. Include the required faculty recommendation letter as instructed by the Graduate Committee.