



2020 Ambassador Leadership Council Application
Submission Deadline: June 26, 2020

First: _____ Middle: _____ Last: _____
Date of Birth: _____ Former Ambassador? _____ Ambassador Year? _____
School Attending: _____ Circle One: Incoming JR./ Incoming SR
Social Media Handle: Instagram _____ Twitter _____

For the following questions, you may attach additional sheets if needed.

What do you hope to gain from your experience as a part of the Ambassador Leadership Council?

What have you enjoyed about your past leadership experiences and/or the Ambassador Program (if applicable)?

What is something you'd like to change in your school, church, or community to make it healthier?

What are your long-term goals? College? Career?

How can we help you achieve those goals?



For the following questions, you may attach additional sheets if needed.
How did you hear about the Ambassador Leadership Council?

T-Shirt Size (adult sizes): Small Medium Large X-Large
All Ambassadors will receive a t-shirt!

Applicant Phone: _____ Applicant Email: _____

Signed: _____ Date: _____

Additional Information: (Please record primary parental contact information)

Parent 1 _____

Primary Contact

Company/Employer: _____

Home Address: _____ City _____ Zip _____

Email: _____

Home Phone: _____ Business Phone: _____ Cell: _____

**If parents are separated please include step parent contact info: _____

Parent 2 _____

Primary Contact

Company/Employer: _____

Home Address: _____ City _____ Zip _____

Email: _____

Home Phone: _____ Business Phone: _____ Cell: _____

**If parents are separated please include step parent contact info: _____

**Billing address: Parent 1 ___ or Parent 2 ___ (if different)

Parent Signature(s): _____ Date: _____

_____ Date: _____

FINANCIAL CONTRIBUTION

Option 1

- \$1,200 contribution (\$825 is tax deductible)
- Monthly leadership activities and training for student
- Seating for 2 at Go Red for Women event on September 24, 2020 (\$350 value)
- 1 Circle of Red Membership per household (\$1,000 value)
- Special Ambassador Leadership Council Gift

Option 2

- \$2,400 contribution (\$2,025 is tax deductible)
- Monthly leadership activities and training for student
- Provide Ambassador Leadership Council Scholarship to one Junior/Senior Applicant
- Seating for 2 at Go Red for Women event on September 24, 2020 (\$350 value)
- 1 Circle of Red Membership per household (\$1,000 value)
- Special Ambassador Leadership Council Gift

Please check your preferred option

- Option 1 Option 2

PAYMENT OPTIONS

I prefer to fulfill the total Ambassador Leadership Council financial obligation at this time

- By Check - made out to the American Heart Association
 By Credit Card - fill out credit card information below

I prefer to pay Ambassador Leadership Council fees in three payments

- By Check - made out the American Heart Association
 By Credit Card - fill out credit card information below

I prefer to apply for the need-based scholarship.

Enclosed is my \$100 deposit (deposit will be returned if not selected)

Please select the desired date of the month to run your credit card.

Credit Card will be run monthly, until balance is paid. Total amount is due by August 31, 2020.

- 1st 15th 30th

MONTHLY PAYMENT SCHEDULE

Option 1

\$400 due with application on June 26, 2020
\$400 due July 31, 2020
\$400 due August 28, 2020

Option 2

\$800 due with application on June 26, 2020
\$800 due July 31, 2020
\$800 due August 28, 2020

CREDIT CARD INFORMATION (Option 1 or Option 2)

Credit Card (circle one) MasterCard VISA AMEX Discover

Credit Card number: _____ CVC (3digits): _____

Expiration: _____

Name as it appears on the card (please print) _____

Signature: _____

The tax deductibility of the total fee is equal to the total amount minus the goods received.

Mail this form, required documents, and appropriate payment to:

American Heart Association, Attn: Ambassador Leadership Council, 1861 N Rock Rd. Ste. 380, Wichita, KS 67206



2020 Ambassador Leadership Council Code & Mission Statement

Ambassadors will focus on all areas of the American Heart Association through volunteering, advocacy, heart-healthy lifestyles, and discovering how they can individually fight heart disease and stroke. Our goal is to empower these young men and women to make a positive change within their peer groups and in the community by embracing the mission of the American Heart Association.

The American Heart Association stands for good personal health decisions and is against the use of tobacco products by minors. Ambassadors are expected to be free of tobacco when representing the American Heart Association at all functions of the Ambassador Program. Also prohibited is the use, sale, or possession of any illegal drugs.

The 2020 Go Red for Women event will provide alcohol to guests who are at or above the legal drinking age, 21 years. It is my responsibility as an Ambassador and representative of my school, family, and any sponsor to abide by the law and not consume any alcoholic beverages before, during, or after the Wichita Go Red for Women event. It is also my responsibility to abide by this code and law for any Ambassador activity.

Any Ambassador in violation of any of the above statements will be automatically removed from the Ambassador Leadership Council without a refund of the monies paid to the American Heart Association. If chosen to become an Ambassador, I pledge to attend at least half of the Ambassador Leadership Council activities.

I grant permission to the American Heart Association to use any photographs, motions pictures, recordings, or any other record of Ambassador events.

I agree for myself, my heirs, my executors and administrators, to not sue and to release, indemnity and hold harmless, the American Heart Association, Inc., its affiliates, officers, directors, volunteers and employees, and all sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities – whether it result from the negligence of any of the above or from any other cause.

This release and the indemnification agreement shall be as broad and inclusive as permitted by the state or province in which the event is conducted. If any portion of it is held invalid, the balance shall continue in full force and effect.

I have read, understand and agree to the terms of this agreement.

Participant's Signature

Printed Name

Date

I am the legal guardian of Participant, and I hereby consent to their participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of Participant and myself to its terms.

Parent/Guardian's Signature

Printed Name

Date



2020 Ambassador Leadership Council Important Contact Form

The best way to reach Ambassador applicant is:

Email: _____

Home Phone: _____

Cell Phone: _____

Contact Parent 1: _____

Contact Parent 2: _____

Contact my guardian: _____

The American Heart Association is allowed to release information about my program participation to the following individuals (please list parents, guardians, and or care givers)

In case of emergency please notify:

Contact 1: Name _____ Phone number: _____
Address: _____

Contact 2: Name _____ Phone number: _____
Address: _____

Contact 3: Name _____ Phone number: _____
Address: _____

(Internal AHA Use)

Required Documents Checklist:

- Completed Application
- Signed Ambassador Code & Mission Agreement
- Required payment