



# 2025 - 2026 Heart Ball Ambassador Application

First: \_\_\_\_\_ Last: \_\_\_\_\_

Phonetic Spelling: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

How do you identify, please circle: He/Him She/Her They/Them

School Attending & Grade Level: \_\_\_\_\_

Sibling(s), Ages & School: \_\_\_\_\_

I am interested in being a social media ambassadors for the AHA: Yes \_\_\_ No \_\_\_

Instagram Handle: \_\_\_\_\_ Twitter: \_\_\_\_\_ TikTok: \_\_\_\_\_

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

What do you hope to gain from your experience as a Heart Ball Ambassador?

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How do you currently exhibit a heart-healthy lifestyle?

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What are your other activities or special interests?

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List three adjectives that your friends would use to describe you?

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How do you demonstrate responsibility towards keeping your commitments?

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What is your personal connection to the American Heart Association?

Has anyone in your family or friends had heart disease or stroke?

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Please share any volunteer experience you have.

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How did you hear about the Heart Ball Ambassador Program?

\_\_\_\_\_

All Ambassadors will receive a t-shirt.

T-Shirt Size, please circle: Small    Medium Large    XLarge    2XLarge

Is there anything else you would like to share, that we have not asked?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Guardian Information

Parent 1 \_\_\_\_\_

Phonetic Spelling: \_\_\_\_\_

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: \_\_\_\_\_

Phonetic Spelling: \_\_\_\_\_

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: \_\_\_\_\_



American  
Heart  
Association.

### Ambassador Important Contact Form

The best ways to reach the Ambassador is:

Email: \_\_\_\_\_

Text: \_\_\_\_\_

Calling my Cell or Home Phone: (Please circle cell or home) \_\_\_\_\_

Contacting my guardian: \_\_\_\_\_

The American Heart Association is allowed to release information about my program participation to the following individuals. *(Please list parents, guardians, caregivers and or school professionals.)*

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In case of emergency please notify:

Contact 1: Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Contact 2: Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Contact 3: Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

# FINANCIAL CONTRIBUTION

## Level 1

- \$2,500 - provides entry into the program for 1 ambassador, includes a full table of 10 guests for the night of Heart Ball 2026, priority for interviews and media opportunities.

## Level 2

- \$1,000 - provides entry into the program for 1 ambassador, includes half table of 5 guests for the night of Heart Ball 2026, 2nd priority for interviews and media opportunities.

## Level 3

- \$500 - provides entry into the program for 1 ambassador, includes 2 tickets for the night of Heart Ball

## Scholarship

- Yes, I am applying for the need based scholarship. No Deposit Required. Includes 2 tickets for the night of Heart Ball. Ambassador commits to acquiring auction items up to \$500.

# PAYMENT OPTIONS

I prefer to fulfill the total 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 fees in installments, with \$100 due with application.

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

\*All payments due by Dec. 1st 2025\*

If choosing installments, select the desired date of the month to run your credit card.

Credit Card will be run monthly, until balance is paid. If needing to delay a payment, let staff know. Total amount is due by January 5, 2026.

- 1st     15th     30th

Required Documents Checklist:

- Completed Application
- Letter of recommendation (attached with application)
- Signed Code & Mission Agreement
- Required Payment: \*(\$250 OR complete payment made with application, if selecting standard payment)

## CREDIT CARD INFORMATION

Credit Card (circle one) MasterCard                      VISA                      AMEX                      Discover

Credit Card number: \_\_\_\_\_ CVC (3digits): \_\_\_\_\_

Expiration: \_\_\_\_\_

Name as it appears on the card (please print) \_\_\_\_\_

Signature: \_\_\_\_\_

Mail required documents, and appropriate payment to:

American Heart Association

Attn: HB Ambassadors

121 S. Whittier Rd.

Wichita, KS 67207

Email submissions due by July 1, 2025 to Carmen.Macias@Heart.org  
with subject line "Heart Ball Ambassadors Application"



### Heart Ball Ambassador Code & Mission Statement

Ambassadors will focus on all areas of the American Heart Association through service learning, volunteering, advocacy, heart-healthy lifestyles, and discovering how they can individually fight heart disease and stroke. Our goal is to empower these young leaders 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 2026 Heart Ball 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 Heart Ball events. 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 program without a refund of the monies paid to the American Heart Association.

- If chosen to become a Heart Ball Ambassador, I pledge to attend 75% of the Ambassador activities and communicate 3 days in advance to local AHA staff when I am unable to attend (exceptions include illness, family emergencies etc.)

As the parent or legal guardian of the child named below ("Child"), I understand, consent and agree that:

In consideration of my Child being allowed to participate in the Heart Ball Ambassador Program ("Program"), my Child and I hereby expressly assume all risks, including personal injury and fatality, arising in any way out of my Child's participation and any related activities and services that may be offered as part of the Program.

I consent to and permit AHA to take and use video and voice recordings and photographs taken of me or my Child by or provided by me to the AHA for the purpose of promoting AHA's mission, its programs and activities ("Images"). "Use" includes publishing such Images for such purpose in any medium, including in social media and may include use of my image and likeness, my or my Child's voice only, or excerpts from any interview or presentation. I understand that such Images and the copyright therein shall be solely owned by AHA, and AHA shall have the right in perpetuity to sell, duplicate, reproduce, adapt, modify, create a derivative work from, and publicly display such Images without any attribution or compensation paid to me. The rights granted the AHA herein are perpetual and worldwide.

I agree, for myself, my Child, and our heirs, executors and administrators, to not sue and to release, indemnify and hold harmless AHA, its affiliates, officers, directors, volunteers and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my Child's participation in the Program and related activities, whether it results from the negligence of any of the above or from any other cause. This Agreement is as broad and inclusive as is permitted by the State in which the Program is conducted. If any portion of it is held invalid, the balance will continue in full force and effect.

I AM THE PARENT OR LEGAL GUARDIAN OF THE PARTICIPATING CHILD, AND I HEREBY CONSENT TO HIS/HER PARTICIPATION IN THE PROGRAM, AND RELATED ACTIVITIES. I HAVE READ AND UNDERSTAND THE CONTENT OF THIS RELEASE AND I HAVE EXPLAINED THE CONTENT OF THIS RELEASE TO MY CHILD, AND I HEREBY AGREE TO ALL OF ITS TERMS AND CONDITIONS.

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Parent/Guardian's Signature & Date

Printed Name

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Child's Printed Name