

OUR MISSION:

To be a relentless force
for a world of longer,
healthier lives.



American
Heart
Association.

2021-2022

**American Heart Association
Heart Ball
Ambassador Program**

The Heart Ball Ambassador
Program is an inclusive leadership
development program, community
engagement and health education
program for Wichita area high
school sophomores



OVERVIEW OF OUR CURRICULUM...

Ambassadors begin meeting in August and typically meet once a month until the conclusion of the program in May. More opportunities and additional details will be added throughout the program

- **Kickoff Event**
- **Career & College Planning**
- **CPR & AED Training - lessons from First Responders**
- **Leadership Development Training**
- **Resume Builder & Interview Preparedness**
- **Ambassador Teleparty Fundraiser!**
- **Living a Heart Healthy Lifestyle**
- **Presentation at the 2022 Wichita Heart Ball, Feb 2022**
- **Community Volunteer Opportunities**
- **Year End Celebration!**

WHAT'S REQUIRED & HOW TO APPLY

Submit a completed application, letter of reference, deposit or full payment AND signed agreement by June 1, 2021 for early admission. See application for financial options. Need-based scholarships are available, first come first serve.

Requirements

- **2021-2022 High School Sophomore**
- **1 Letter of Reference from non-family member**
- **Completed application & full contribution OR deposit.**
- **Strive to maintain a "heart healthy" lifestyle by attending all Ambassador programs and activities**
- **Demonstrate leadership qualities and responsibility toward keeping commitments.**
- **Secure a silent OR live auction package for the 2022 Heart Ball, valuing at least \$250.**

HEART BALL AMBASSADOR PROGRAM

Ambassadors are a group of selected high school sophomores who participate in educational and social programs and activities. The Ambassadors will be presented at the American Heart Association's Heart Ball February 2022. The activities will occur during the 2021-2022 school year.

The Ambassador program is intended to be fun and prepare young leaders to be future heart advocates.

Becoming an Ambassador is an excellent resume builder, since these young men and women have the opportunity to attain community service hours (amount to be determined based on volunteer opportunities available), learn valuable leadership development skills and network with peers



Questions or for more information:

Heather Smart
Senior Director

heather.smart@heart.org



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2021 Heart Ball Ambassador Application

SUBMISSION DEADLINE: JUNE 1, 2021

First: _____ Middle: _____ Last: _____

Date of Birth: _____ Ethnicity: _____

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

School Attending: _____

Sibling(s), Ages & School: _____

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

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 Heart Ball Ambassador

How do you currently exhibit a heart-healthy lifestyle?

What are your other activities or special interests?

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

How do you demonstrate responsibility towards keeping your commitments?

What is your personal connection to the American Heart Association?

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

Please share any volunteer experience you have.

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 _____

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: _____



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Ambassador Important Contact Form

The best way to reach me, the Ambassador is by:

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).

In case of emergency please notify:

Contact 1: Name _____ Phone number: _____

Address: _____

Contact 2: Name _____ Phone number: _____

Address: _____

Contact 3: Name _____ Phone number: _____

Address: _____

FINANCIAL CONTRIBUTION

Option 1 - I am fulfilling the below financial obligation (check admission level)

- \$2,500 (Standard) \$5,000 (Cor Vitae Level) \$10,000 (Program Sponsor)

Option 2 - I would like to apply for a need-based scholarship.

- Yes, I am applying for the need based scholarship. If selected, I promise to fulfill the Ambassador Code & Mission Statement to totality for the program.

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 four installments, with deposit due with application.

- 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.

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 January 3, 2022.

- 1st 15th 30th

Required Documents Checklist:

- ___ Completed Application
___ Letter of recommendation (attached with application)
___ Signed Code & Mission Agreement
___ Required Payment if selected option 1 above: \$250 deposit 1 OR complete payment made with application

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
1861 N Rock Rd. Ste. 380
Wichita, KS 67206

Email submissions to heather.smart@heart.org with subject line "Heart Ball Ambassadors Application"



2021-2022 Heart Ball Ambassador 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 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 2022 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 at least half of the Ambassador activities and complete a minimum of 15 hours of community service.

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