



Heart Ball  
**Ambassador**  
Program

**2020-2021 Application**

**Deadline: May 18, 2020**

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

Date of Birth: \_\_\_\_\_ School Attending: \_\_\_\_\_

Siblings and Ages: \_\_\_\_\_

I'm interested in being a social media ambassador for the AHA: Yes \_\_\_ No \_\_\_

Social Media handles: Instagram \_\_\_\_\_ Twitter \_\_\_\_\_

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

What do you hope to gain from your experience as an 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 toward keeping commitments? Please explain.

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Has anyone in your family suffered from heart disease or stroke? If so, please explain.

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

Do you have volunteer experience? If so, please give examples.

How did you hear about the Ambassador Program? \_\_\_\_\_

Do you have any food allergies or dietary restrictions (please specify): \_\_\_\_\_

T-Shirt Size (all adult sizes):  Small  Medium  Large  X-Large  XX-Large

\*All Ambassadors will receive a t-shirt.

Applicant Phone: \_\_\_\_\_ Applicant Email: \_\_\_\_\_

**Additional Information:** (Please select primary parental contact)

Parent 1: Title (Mr., Mrs., Dr.) \_\_\_\_\_ Name \_\_\_\_\_

- 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: Title (Mr., Mrs., Dr.) \_\_\_\_\_ Name \_\_\_\_\_

- 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 Options

- Option 1**—I prefer to fulfill the total financial obligation at this time  
 Select Level:  \$2,500 (standard)  \$5,000 (Cor Vitae)  \$10,000 (Program Sponsor)  
 \_\_\_ **By Check** (made out to the American Heart Association)  
 \_\_\_ **By Credit Card** (fill out credit card information below)

- Option 2**—I prefer to pay fees in four installments:  
 Select Level:  \$2,500 (standard)  \$5,000 (Cor Vitae)  \$10,000 (Program Sponsor)  
 \_\_\_ **By Check** (made out the American Heart Association)  
*If paying by check, you will be invoiced a month prior to the highlighted dates below.*  
 \_\_\_ **By Credit Card** (fill out credit card information below)  
*If paying by credit card, we will charge your card on the highlighted dates below unless otherwise noted.*

Installation Payment Schedule					
Standard Ambassador \$2,500		Cor Vitae \$5,000		Program Sponsor \$10,000	
Due Date	Amount	Due Date	Amount	Due Date	Amount
5/18/20 (with application)	\$500.00	5/18/20 (with application)	\$500.00	5/18/20 (with application)	\$500.00
7/20/2020	\$650.00	7/20/2020	\$1,500.00	7/20/2020	\$3,000.00
9/21/2020	\$650.00	9/21/2020	\$1,500.00	9/21/2020	\$3,250.00
11/23/2020	\$700.00	11/23/2020	\$1,500.00	11/23/2020	\$3,250.00

**Option 3**—I would like to apply for a need based scholarship, enclosed is my \$500 deposit  
 (deposit will be returned if not selected)

**\*The \$500 deposit is nonrefundable after the program kick off in August 2020.**

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

### CREDIT CARD INFORMATION (Option 1 or Option 2)

Credit Card (circle one): MasterCard      VISA      AMEX      Discover

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

Expiration: \_\_\_\_\_ Billing Address: \_\_\_\_\_

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

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

*\*The non-refundable \$500 fee only applies to those accepted into the program.*

**E-mail this form required documents, and information regarding payment to: Jennifer.Melcher@heart.org.**

### Required Documents Checklist:

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|---|--|
| ___ Completed Application<br>___ Letter of recommendation<br>___ Copy of most recent report card<br>___ Signed Code & Mission Agreement | ___ Required payment—\$500 deposit or complete payment<br>___ <b>If not paid in full</b> , the completed Sponsor Agreement Form (yellow highlighted areas) |
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### 2021 Heart Ball Ambassador Code & Mission Statement

Ambassadors will focus on all areas of the American Heart Association through volunteerism, 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 and/or vaping products by minors. Ambassadors are expected to be free of tobacco and/or vaping when representing the American Heart Association at all functions of the Program. Also prohibited is the use, sale, or possession of any illegal drugs.
- ♥ The 2021 Heart Ball 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. It is also my responsibility to abide by this code and law for any program activity.

***Any Ambassador in violation of any of the above statements will be automatically removed from the Program without a refund of the monies paid to the American Heart Association.***

- ♥ If chosen to become an Ambassador, I pledge to attend at least 10 of the program activities and complete a minimum of 15 hours of Community Service.

I grant permission to the American Heart Association to use any photographs, motion pictures, recordings, or any other record of program 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.

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Participant's Signature

Printed Name

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Date

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

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Parent/Guardian's Signature

Printed Name

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Date

**2021 Ambassador Contact Information Form**

The best way to reach our sweetheart or cavalier is:

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Contact my mom: \_\_\_\_\_

Contact my dad: \_\_\_\_\_

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: \_\_\_\_\_