



***Thank you for your interest in our Ambassador Program!***

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You have first-hand experience with the high quality programs and services offered by the Children's Hospital at Dartmouth Hitchcock (CHaD)/Dartmouth Health Children's, making you our best family ambassadors throughout New Hampshire and Vermont.

Our Ambassadors help share the story of Dartmouth Health Children's and CHaD in a variety of ways. Opportunities include:

- Share your Dartmouth Health Children's story to raise awareness of our good work. Stories are used to inspire donations and provide hope to others.
- Be a guest of honor at one of our fundraising events
- Speak on our behalf at a fundraiser or community event
- Buddy up with one of our event participants to inspire and cheer on people who are fundraising for us.
- Attend a meet and greet with our community partners.
- Create your own fundraiser to support us through our Hearts in Action fundraising platform: visit our Hearts in Action website for fundraising ideas and resources

If you are interested in participating as a Dartmouth Health Children's/CHaD Ambassador family, please complete the form below and return it to the address at the bottom. Once your form is received, we will reach out to you with additional information and to learn more about you!

### **Ambassador Information**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Ambassador First Name	Ambassador Last Name	Ambassador D.O.B.
<input type="text"/>		
Preferred Pronoun		

### **Ambassador Activities/Interests – Tell us Your Favorite Things to Do!**

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Please summarize your experience(s) with Dartmouth Health Children's/CHaD; tell us your 'CHaD Story':

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Why do you want to be an Ambassador?

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Please let us know if there are any accommodations and/or equipment needs that we should know about (i.e. Wheelchair accessibility, Cystic fibrosis, etc):

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Do you struggle with crowded spaces or large groups?

Yes  No

How did you hear about the Ambassador Program?

Nurse <input type="checkbox"/>	Doctor <input type="checkbox"/>	Child Life Specialist <input type="checkbox"/>	Dartmouth Health Children's Event <input type="checkbox"/>
Another Ambassador <input type="checkbox"/>	Social Media <input type="checkbox"/>	Other:	

## Parent/Guardian Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Relationship to Ambassador
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	Home Phone	Email
<input type="text"/>		
Mailing Address: Street		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Town	State	Zip


We agree to have our child/family's name AND our "CHaD story" mentioned in the media in relation to the specific Dartmouth Health Children's or Dartmouth Health Children's sponsored event we participate in. Please check one of the following to indicate your response to this statement:

YES       NO

(If "NO" to the above), we agree to have our child/family's name mentioned in the media in relation to the specific Dartmouth Health Children's or Dartmouth Health Children's sponsored event we participate in. Please check one of the following to indicate your response to this statement:

YES       NO

Signature of Parent/Guardian if Ambassador is under 18:



**Please return all pages of this completed and signed form to:**

By Mail To:  
Dartmouth Health Children's/CHaD  
Community Fundraising Events  
One Medical Center Drive  
HB 7070  
Lebanon, NH 03756

By Email:  
[CHaD.Community.Relations@hitchcock.org](mailto:CHaD.Community.Relations@hitchcock.org)