



2022 Heart Ball Ambassador Application

EARLY BIRD SUBMISSION DEADLINE: MAY 1, 2022

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: _____

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?

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 _____

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.)

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

Option 1 - I am fulfilling the below financial obligation

- \$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 \$250 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.

Installment schedule

May: \$250.00 (deposit w/application)
June: \$400.00
July: \$400.00
August: \$400.00
September: \$400.00
October: \$400.00
November: \$250.00

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 6, 2023.

- 1st 15th 30th

Required Documents Checklist:

- ___ Completed Application
___ Letter of recommendation (attached with application)
___ Signed Code & Mission Agreement
___ Required Payment: (\$250 deposit 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
8918 W 21st N #248
Wichita, KS 67205

Email submissions to angie.galindo@heart.org with subject line "Heart Ball Ambassadors Application"



2022-2023 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 2023 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