

Ambassador Program APPLICATION



Salutation: Mr. Mrs. Ms. Dr.

Name: _____

Address: _____

City _____ State _____ Zip _____

County _____ Email Address: _____

Home Phone Number _____ Cell Phone Number _____

Please check which phone is your preferred method of contact

Are you 18 years old or older? Yes No

Gender: Female Male Self Describe _____

Are you volunteering as part of an organization? (e.g., church, company, school, etc.)

Yes No Organization Name: _____

How did you find out about DANC volunteer opportunities? _____

(Church Bulletin, TV, Newspaper, Friend)

Do you belong to a Faith Community? If so which one? (for grant reporting purposes):

Name _____

Other Civic Organization Affiliations: _____

In Case of Emergency Please Notify:

Name _____

Relationship _____ Phone Number _____

TELL US ABOUT YOURSELF:

Why do you wish to be a Dementia Alliance of NC Ambassador?

How much time per month could you commit towards being an Ambassador?

(over please)

What skills, knowledge, or experience do you have relative to being an Ambassador?

Languages:

1 _____ Fluent Read Fluent Write

2 _____ Fluent Read Fluent Write

REFERENCES:

Please name 2 adults that have known you for at least 2 years and a phone number and address where they can be reached.

Name	Phone	Relationship	Years

Anything else you would like to share with us?

APPLICANT SIGNATURE: _____

DATE: _____

Please print name: _____

Applications are due by April 3, 2023 at 5:00 pm.

They can be scanned and emailed to RScott@DementiaNC.org or mailed to Dementia Alliance of NC, 9131 Anson Way, Suite 206 Raleigh, NC 27613.

Online Application available at www.DementiaNC.org/AmbassadorApplication