



Thank you for your interest in our CHaD Ambassador Program!

You have first-hand experience with the high quality programs and services offered by the Children’s Hospital at Dartmouth-Hitchcock, making you our best patient ambassadors throughout New Hampshire. CHaD both hosts and attends activities and events throughout the year that are greatly enhanced by the addition of our CHaD families like you, as guests.

We have a variety of CHaD Ambassador events and activities throughout the year to give CHaD families like you a unique opportunity to participate on a level at which you would feel most comfortable. Some opportunities include:

- Be a CHaD Buddy – Inspire and cheer on people who are fundraising for CHaD!
- Attend events benefiting CHaD as our guest
- Attend a corporate check passing to CHaD
- Create patient artwork to share with donors
- Share your CHaD Story through public speaking
- Help spread the good work of CHaD

If you are interested in participating as a 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!

Patient Information:

First & Last Name: _____ Gender (M/F): _____ DOB: _____

My CHaD child is interested in/enjoys the following (circle all that apply):

- | | | | | | | |
|----------|--------|----------|------------|--------------|---------|-----------------|
| Baseball | Hockey | Football | Basketball | Soccer | Running | Swimming |
| Skiing | Golf | Music | Singing | Art & Crafts | NASCAR | Public Speaking |

Other _____

Please summarize the patient and/or your experience(s) with CHaD; tell us your ‘CHaD Story’:

Parent/Guardian Information:

Mailing Address (Street or PO Box): _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Preferred means of contact: _____

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

YES or NO

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

YES or NO

Signature

Date

PLEASE SEND BOTH PAGES OF THIS COMPLETED & SIGNED FORM:

BY MAIL
CHaD Community Relations
1 Medical Center Drive
Lebanon, NH 03756

BY FAX
603-308-2255

BY EMAIL
CHaD.Community.Relations@hitchcock.org