



## 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 (CHaD), making you our best patient ambassadors throughout New Hampshire and Vermont. 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
- Start a Hearts in Action fundraiser for CHaD (visit [www.CHaDHeartsinAction.org](http://www.CHaDHeartsinAction.org) to learn more)
- Share your CHaD Story through public speaking
- 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!

### **CHaD Child Information:**

First & Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

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

- Baseball   
  Hockey   
  Football   
  Basketball   
  Soccer   
  Running   
  Swimming   
  Biking  
 Skiing   
  Hiking   
  Golf   
  Music   
  Singing   
  Arts & Crafts   
  Public Speaking  
 Other \_\_\_\_\_

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

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**Parent/Guardian Information:**

Parent/Guardian First & Last Name: \_\_\_\_\_

Mailing Address (Street or PO Box): \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

How did you hear about the Ambassador Program?

Nurse    Doctor    Child Life Specialist    CHaD Community Relations    Another Ambassador

Other: \_\_\_\_\_

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  
ATTN: Hanna Snyder  
1 Medical Center Drive  
Lebanon, NH 03756**

**BY FAX**

**603-308-2255**

**BY EMAIL**

**CHaD.Community.Relations@hitchcock.org**