



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.

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. Opportunities include:

- Be a CHaD Buddy - Inspire and cheer on people who are fundraising for CHaD
- Share your CHaD story through public speaking to raise awareness of CHaD's good work
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- Create your own fundraiser to support CHaD through our Hearts in Action fundraising platform. Visit www.chadheartsinaction.org to learn more and create a fundraising page

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 Ambassador Information:

First & Last Name: _____ Gender: _____ DOB: _____

I am interested in/enjoy 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 your experience(s) with CHaD; tell us your 'CHaD Story':

Why do you want to be a CHaD Ambassador?

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

Do you struggle with crowded spaces or large groups?

How did you hear about the CHaD Ambassador Program?

Nurse Doctor Child Life Specialist CHaD Community Relations Another Ambassador Other: _____

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: _____

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