



Our Community Cares Ambassador Information Sheet

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your Home Phone #: \_\_\_\_\_ Your Cell #: \_\_\_\_\_ Your Birthdate: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

How comfortable are you using a computer and/or mobile device?

Not at all comfortable   
  Somewhat comfortable   
  Comfortable   
  Very comfortable

Please tell us about your volunteer experience. List other places you volunteer and what you've done.

From the list below, please place a check mark next to the items that you might be interested in helping with.

- |  |   |
|--|---|
| <input type="checkbox"/> Cleanup / Setup at fundraisers                                | <input type="checkbox"/> Research (Grants)                  |
| <input type="checkbox"/> Soliciting businesses for fundraising donations               | <input type="checkbox"/> Grant Writing                      |
| <input type="checkbox"/> Marketing / Networking  | <input type="checkbox"/> Meal Trains                        |
| <input type="checkbox"/> Public Speaking   | <input type="checkbox"/> Phone Tree                         |
| <input type="checkbox"/> Soliciting friends and businesses for financial contributions | <input type="checkbox"/> Crocheting or Knitting for a cause |
|  | <input type="checkbox"/> Baking                             |

Please tell us how you can help us serve our community.