



FHN Ambassador Application

NAME (FIRST, LAST, MIDDLE INITIAL)	SPOUSE NAME		
ADDRESS	CITY	ST	ZIP
EMAIL ADDRESS	BIRTHDAY		
CELL PHONE #	HOME PHONE #		
PRESENT OCCUPATION	EMPLOYER (IF APPLICABLE)		
OTHER WORK EXPERIENCE/POSITION	EMPLOYER		
LIST YOUR PAID OR VOLUNTEER WORK EXPERIENCES:			
LIST YOUR HOBBIES OR AREAS OF INTEREST:			
HAVE YOU EVER PLED GUILTY TO OR BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFICE OFFENSE?		<input type="checkbox"/> NO. <input type="checkbox"/> YES. PLEASE LIST THE CHARGE AND DATE _____	

YOUR AVAILABILITY TO VOLUNTEER (PLEASE CIRCLE ALL THAT APPLY)		
WEEKDAYS	WEEKENDS	EVENINGS

Continues on reverse side →

PERSONAL OR PROFESSIONAL REFERENCES		
NAME	PHONE #	
EMERGENCY CONTACTS		
NAME	RELATION TO YOU	PHONE #
ADDITIONAL INFO	QUESTIONS?	

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that this information on this application is true and complete. I understand that any false or misleading representations or omissions made on the application or during the process of becoming an ambassador may disqualify me from further consideration for a volunteer position and may result in discharge even if discovered at a later date.

I understand that FHN is not obligated to select me as an ambassador, nor am I obligated to accept a position if one is offered. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

Signature _____

Date _____

Contact:

Al Evon
 Foundation Director
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 Freeport, IL 61032
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