



AMBASSADOR NOMINATION FORM

Please seek permission from the nominee prior to submitting the nomination and share the expectations of what being an ambassador means/entails.

Nominees **must** reside within the Greater Richland Area Cancer Elimination Service Area

Ambassador Nominee Information (please print clearly)

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ WI Zip: _____

Mobile Phone: () _____ House Phone (if applicable) () _____

Email: _____

Is Nominee A Minor? NO YES

IF YES: _____ () _____

Name of Parent or Legal Guardian

Phone Number

Expectations of Walk with GRACE Ambassador:

- Available for introduction at the Annual Kick-Off Meeting
- Participate in parades by riding on the Ambassador float.
- Share story on WRCO Morning Show (can request pre-recording)
- Photo and story shared in printed or social media platforms.
- Participate in Walk with GRACE Annual Walk

By submitting this nomination, I attest that I have discussed nomination and expectations with individual and (if applicable) parent or guardian of nominee, if nominee is a minor.

Nominated By:

() _____

Name of Person Submitting Nomination

Phone Number

Submit completed nomination form to

G.R.A.C.E. Ambassador Program
PO Box 213
Richland Center, WI 53581

AMBASSADORS ARE SELECTED BY THE GRACE BOARD OF DIRECTORS

BOARD _____ Approved _____ Denied

Retain Until 12/31/_____
(2-yr's post decision year)

Walk Chair Follow Up of Board Approved Nominees:

Date Board Approved Nominee Contacted: ___/___/____ Contact made by: _____

Nominee: _____ Accepted Ambassador Role _____ Declined Ambassador Role