Head and Neck Cancer Alliance

Ambassador Candidate Form

Thanks for your interest in joining the Head and Neck Cancer Alliance’s Ambassador Program. For consideration as an official candidate, please complete HNCA Ambassador Candidate form, e-mail it in an attachment to info@headandneck.org, and indicate in the subject line: **HNCA Ambassador Candidate**. Please also include the requested attachments in the form. If you should have questions regarding the HNCA Ambassador Program, a full summary can be found on the HNCA website, [https://www.headandneck.org/ambassador/](https://www.headandneck.org/ambassador/).

Affiliation ____________________________ Title ____________________________

First Name ____________________________ Last Name ____________________________

Phone ____________________________ E-mail Address ____________________________

Street Address ____________________________

City ____________________________ State ______ Zip Code ____________

Please check the following interest(s):

☐ Speaking ☐ Photo & Interview ☐ Video Interview ☐ Blogging

☐ Other ____________________________

When submitting your application, please also include the following in the e-mail attachment:

- 6-10 paragraphs of your personal journey (details of family life, age of diagnosis, type of cancer, treatment, years as a cancer survivor and other pertinent details of your cancer journey).
- Photo - a headshot of yourself and other photos/images that convey your personal cancer journey.

Acknowledgment and Agreement

I hereby acknowledge that this position is a voluntary role and have no expectation to receive any monetary compensation or reimbursement. I hereby agree to give my consent to share my personal cancer story as an ambassador for public events, media and/or materials in relation to the Head and Neck Cancer Alliance.

☐ I Agree

Print Name ____________________________ Date ____________

Signature ____________________________