



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/>.

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 _____