

Ambassador Application Form



Family Name:		Given Name:	
Preferred Name: (used on badge)		Date of Birth:	
Address:			Postcode:
Home Phone:		Work Phone:	
Mobile:			
Workplace Name:		Workplace Postcode:	
Preferred Email:			
Country of Birth*:		Languages spoken other than English*:	

* Please note this information may be used for statistical reasons and is not used as a factor in determining the success of your application

In a few sentences please tell us why you want to be a Cancer Council Ambassador

Do you have a personal connection to cancer? (tick all that apply)

- I am a cancer survivor
- I have had a close friend with cancer
- I have had immediate family with cancer
- No personal connection

How did you hear about the Ambassador Project? (tick one)

- through another Ambassador
- saw Ambassador active in my community
- through another Cancer Council event
- website
- a friend told me
- email
- through my workplace
- saw Ambassadors in news/media
- other - please specify.....

Please tell us about your skills, interests & experience (tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> management/leadership | <input type="checkbox"/> event organisation/management |
| <input type="checkbox"/> sharing cancer prevention messages | <input type="checkbox"/> administration/basic computing skills |
| <input type="checkbox"/> fundraising | <input type="checkbox"/> trades/construction/hands on skills |
| <input type="checkbox"/> public speaking/sharing my story | <input type="checkbox"/> sales/retail |
| <input type="checkbox"/> practically supporting people with cancer | <input type="checkbox"/> financial services/accounting |
| <input type="checkbox"/> advocacy/political action | <input type="checkbox"/> hospitality/catering |
| <input type="checkbox"/> I'm confident talking to people I don't know | <input type="checkbox"/> experience with another culture |
| <input type="checkbox"/> other skills/areas of interest - please specify | |
| <input type="checkbox"/> involved in a community service club - please specify | |

My commitment to 'walk the talk'

I realise that as an Ambassador I will be seen as the public face of Cancer Council SA.

I understand that as much as 50% of all cancer can be prevented through positive lifestyle choices.

I want to help prevent cancer by ensuring that when I am working as an Ambassador, I model behaviours that reduce the risk of cancer.

- I will not smoke
- I will be SunSmart (Slip. Slop. Slap. Seek. Slide. when UV index is above 3)
- I will eat a healthy diet (avoiding unhealthy foods and drinks)
- I will look for opportunities to live a physically active lifestyle
- I will limit my alcohol consumption (1-2 standard drinks per day)

Signed Date

Please provide us with the name of a contactable referee

Name:		Phone:	
Organisation:		Position/Title:	

- If I am accepted as an Ambassador I agree to pay \$50 which covers the Ambassador pack. (payment details will be forwarded with acceptance letter should your application be successful)

I, authorise Cancer Council SA to contact the above referee to collect personal information relevant to this application, concerning my academic background and employment/ volunteering history, and to verify any character references I have supplied. I understand the information obtained will be kept confidential. I verify the information contained on this form is correct.

Signature of applicant:..... Date:

Return this form to:

Post: Ambassador Project - Cancer Council SA, PO Box 929 Unley BC SA 5061
 Fax: 08 8291 4180
 Email: msarre@cancersa.org.au