



Ambassador Application Form

Date

Name

Partner

Children names & Ages

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Age: 18-30 31-40 41-50 51-60 61-70 71+

Address

Suburb Postcode

Phone: (Hm) (Mob)

Email

Preferred method of communication: Phone: M H Email

Would you be interested in offering volunteer time? Yes No

If Yes, what skills could you offer the Foundation?

Assisting with events Serving on a committee

Other skills or ideas for involvement:

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How would you like to receive the Foundation's newsletter? Online Hard copy

Would you like to know about the Buderim Foundation's donor options and processes? Yes No

If you are a business owner, how would you like to support the Buderim Foundation?

E.g. Organise a fund raiser or host an event? Other ideas? Let us know what you think.

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Once completed, you can scan and email to: info@buderimfoundation.org.au

or post to: Buderim Foundation PO Box 1408 Buderim QLD 4556

Your application will be acknowledged and you will be contacted by a member of the Ambassador Committee.

Office Use Only

Contacted by:

Entered:

Date:

Date: