

Community Ambassador Request Form

Date Submitted:	Received at WCHS:	Initial:
Event Name:		
Location of Event Address:		
Event/Appearance Date(s):	Time(s):	
	AM/PM to	AM/PM
	AM/PM to	AM/PM
Organization/School Hosting Event:		
	Phone:	
Email:	Cell:	
Expected number of attendees and o	demographic description (students, adul	ts)
Animal(s) Requested:		
Promotional Support of event:		
Host: Website Facebook Twitter	Flyers Radio Banner Online fundrais	er Donations
WCHS: Webstie Facebook Twitter	Elvers Radio	

All requests must be submitted no less than 30 days prior to the desired event/appearance. Due to the significant number of requests WCHS receives, we are not always able to guarantee a Community Ambassador is available for your event.

Mail form to: WCHS, ATTN: Volunteer Coordinator, 3650 State Road 60, Slinger, WI 53086

Fax: 262-677-0388 Email: Volunteer@wchspets.org Phone: 262-677-0731

This Side For WCHS Internal USE Only

Volunteer Coordi	inator Asks: Date:	Date:	Date:
	ommitted to Event:		
		Initials:	
Animal (s) Appro	ved:		
Cat/Dog:			
Supplies needed	(circle all that apply):		
Pet Carrier	Cat Condo	Blankets	
Leash	Water Bowls	Litter Box Litter	
Toys	Food	Treats	
Cage Card	Media Box	Table	
Chair(s)	Banner	Donation Box	
Initials:	Date:		
Funds raised:			
Donations:			
Volunteer Coordinator Initials:		PR Coordinat	or Initials:
Operations Mana	ager Initials:	Office Manag	ger Initials:
Evocutivo Directo	or Initials:		