



EDGEWOOD HIGH SCHOOL OF THE SACRED HEART

Alumni Ambassador Agreement Form

First Name: _____ Middle Initial: _____ Last Name: _____

Graduation Year: _____

Primary (Home) Email: _____

Work Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell Phone: _____

The best way to contact me (check all that apply):

- email
- phone

I'm connected on social media: Facebook Twitter Instagram

Copy and paste link to your personal Facebook page (if you have one): _____

Copy and paste link to your Class Reunion Facebook page (if you have one): _____

EHS Alumni Ambassador Agreement

As a participant in the EHS Alumni Ambassador Program, I agree to support the school mission, vision and values in all that I do as an Alumni Ambassador. I realize that Edgewood and fellow alumni are entrusting me to share my positive leadership to communicate pertinent school information, assist in organizing reunion events, and that I am expected to do so always with the spirit of our shared Dominican values in mind.

I give Edgewood consent to release my name and contact information as an Alumni Ambassador who may be contacted for networking purposes and to use any photographs or videos of my likeness in promotional or other material related to the Alumni Ambassador program.

I HAVE READ AND UNDERSTAND THE AGREEMENT AND ATTACHED POLICIES, which are hereby incorporated by reference, and by signing below, I signify that I agree to serve as a responsible Alumni Ambassador in accordance with the Agreement and the Policies attached hereto.

SIGNED _____ DATE: _____