



Arc Ambassador Program Volunteer Hours

Name: _____

Cell: _____ Email: _____

City: _____ School/Work: _____

Hours: **Activity:** *(Please include date and description)*

_____ Fall Special Event: _____ Date: _____
(up to 10 hours for publicity and event day)

_____ Spring Special Event: _____ Date: _____
(up to 10 hours for publicity and event day)

_____ Community Presentation: _____ Date: _____
(3 hours for prep, presentation, and Q&A)

_____ Awareness Day: _____ Date: _____
(3 hours for prep, marketing and publicity)

_____ #ArcOcean Fundraiser: _____

_____ Other (Community Event): _____

The Arc, Ocean County Representative: _____ (Please sign)

The Arc, Ocean County Chapter will provide all marketing materials for the Arc Ambassador Program and must have final approval of any scheduled activities. Photos from the Arc Ambassador program may be shared on our social media – contact us if you DO NOT want your photos published. Please email development@arcocean.org to request an Arc of Ocean representative to join you however we cannot guarantee availability. Thank you for supporting The Arc, Ocean County Chapter and individuals with intellectual and developmental disabilities!