



2018 Ambassador Families Program

What is Wipe Out Kids' Cancer?

Wipe Out Kids' Cancer (WOKC) is a 38 year-old Dallas based non-profit organization. Our mission is simple: to work relentlessly for the day when children are living cancer free. Our primary purpose is to fund research looking for better treatments and ultimately a cure to cancer. WOKC has raised more than \$5 million in the crusade against pediatric cancer. Visit www.wokc.org to learn more.

What is the Ambassador Families Program?

The Ambassador Families program was started in 1987 as a way to allow children undergoing cancer treatment and their siblings a chance to just be kids and forget about their disease. In the past 38 years, WOKC has helped more than 380 families. Ambassadors Families are invited to attend WOKC functions, from fishing to basketball games to family camp, held in their honor throughout the year.

What is required of an Ambassador Family?

The Ambassador Families program focuses on the entire family unit. The goal is to provide time as a family away from the stress of life. We schedule approximately 9 events a year for the families to attend.

Events include:

- January - Pinning Ceremony is the first event as an Ambassador. Your child will receive their Ambassador pin created just for them by Bachendorfs, important information for parents and an Ambassador t-shirt to wear at events throughout the year.
- February – WOKC Night at the Texas Legends Basketball Game! The red carpet is rolled out for our Ambassador families. The kids meet and get autographs from the players and are honored on the court during half time.
- March – Jersey Mike's Month of Giving
- May - Fishing Camp. All Outdoors Television holds a fishing tournament for the Ambassadors and their families. It is filmed for a broadcast and every child receives a trophy.
- Fun summer events.
- Camp Sunshine, Maine – all expense paid trip for Ambassador families.
- September – WOKC Run for the Children for the Children 5K & 1 mile Fun Run in conjunction with Addison's Oktoberfest. Ambassador families are granted free entry. Put your own team together for a chance to win the Spirit Award!
- October – Ambassador Reunion. All of our previous Ambassadors are invited to join us for an afternoon of food, games and fun! It's great to see our Ambassadors come back after beating their cancer and growing up.
- December – Holiday Party. Celebrate the holidays with friends and a visit from Santa. Every child in your family will receive gifts!
- And much more....

How did my child get selected?

Each year, we select 16-18 patients currently undergoing cancer treatment along with their families to serve as Ambassadors Families for *Wipe Out Kids' Cancer*.

Eligibility Criteria:

1. Child must be between the **ages of 5 and 12**.
2. Child must be a **current patient** at Children's Health Center Dallas or Legacy, Medical City Dallas or Cook Children's Hospital Fort Worth
3. The Family must have a **working email account**. All correspondence throughout the year will be via email.
4. The family must have someone who can understand and **speak English**. We do not have a Spanish interpreter.
5. The family should be able to attend a majority of the Ambassador Families events.

What if I cannot make it to every event?

You will receive an email invitation to each event. If you cannot attend one of the events, simply RSVP via email to dbusbee@wokc.org. You will be missed.

How do I register?

Please fill out the attached form and return by **Friday, December 1, 2017**. A formal invitation will be sent for our first event the Pinning Ceremony. Please visit www.wokc.org for the dates of the Pinning Ceremonies.

What if I still have more questions...

Please contact Diane Busbee at Wipe Out Kids' Cancer at 214.987.4662 or dbusbee@wokc.org.



Wipe Out Kids' Cancer

2018 Ambassador Information Sheet

Ambassador Name _____ Nick Name _____

Ambassador Age _____ DOB _____ / _____ / _____ School/Grade _____ / _____

Ethnicity _____ Sex: Male _____ Female _____ Date of Diagnosis _____

Diagnosis _____ Doctor's Name _____

Permanent Address _____

Complete street address

City

State

Zip

Parent/Legal Guardian _____ Parent/Legal Guardian _____

Mother _____ Father _____ Other _____ Mother _____ Father _____ Other _____

Email Address _____ Email Address _____

Mailing Address _____ Mailing Address _____

City, State, Zip _____ City, State, Zip _____

Home Telephone _____ Home Telephone _____

Work Telephone _____ Work Telephone _____

Cellular Telephone _____ Cellular Telephone _____

Please list Ambassador's Siblings Name and Age:

Ambassador's Interests:

Favorite School Subjects _____

Future Career _____

Hobbies / Sports / Activities _____

Favorite Things _____

Favorite Hero & Why _____

Favorite Movies / Music _____

Favorite Color _____

T-shirt size (please circle): YS YM YL AS AM AL

CaringBridge and/or personal website address _____

I, parent/guardian, hereby give my child and family permission to participate in the Wipe Out Kids' Cancer Ambassador Family program. I understand that my child's/family's attendance at all described WOKC events is requested. I grant permission for our family's photos and any children's artwork created for WOKC to be used in promotional materials including, but not limited to brochure, auction, website, and calendar.

Signature _____ Date _____

Instructions for Wipe Out Kids' Cancer Ambassador Families Program Application:

1. Please fill out application in its entirety. **Only fully completed applications will be considered.**
2. Applications may be sent electronically or one of three other ways.
 - a. Email scanned application to dbusbee@wokc.org
 - b. Fax application to 214-987-4668
 - c. Mail application to:
Wipe Out Kids Cancer
c/o: Ambassador Application
1349 Empire Central #240
Dallas, Texas 75247
3. Applications must be **RECEIVED by December 1, 2017** to be considered.
4. Once selected, you will receive a formal invitation to our first event of the year, our Pinning Ceremony. Please go to www.wokc.org for dates of the ceremonies.

Eligibility Criteria:

1. Child must be between the **ages of 5 and 12**.
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3. The Family must have a **working email account**. All correspondence throughout the year will be via email.
4. The family must have someone who can understand and **speak English**. We do not have a Spanish interpreter.
5. The family should be able to attend a majority of the Ambassador events.

Thank you for your interest in Wipe Out Kids' Cancer's Ambassador Program. If you have any questions please contact the WOKC office.

Diane Busbee
Vice President of Development & Ambassador Program Director
Wipe Out Kids' Cancer
1349 Empire Central, Suite 240
Dallas, TX 75247
dbusbee@wokc.org
Office: 214-987-4662



2018 Ambassador Application

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Participation is a Privilege. Submission of this application does not guarantee your child will be selected to participate. Wipe Out Kids' Cancer, in its sole discretion, may limit your child's participation if circumstances warrant.

Waiver of Claims. In consideration of the acceptance of this application, and of the permission (if any) granted to my child and family to participate in the Wipe Out Kids' Cancer Ambassador Program, I, the undersigned, on behalf of myself, my family and my child, hereby assume full and complete responsibility for any injury or accident which may occur during our participation in any of the the Ambassador events.

Permission to Use Images and Recordings. On behalf of myself, my family and my child, I hereby grant to Wipe Out Kids' Cancer, full permission to use any photographs, videographs, motion picture recordings or any other record of the 2018 Ambassador events.

Please Sign Below:

Your signature below signifies your understanding, acceptance and authorization to accept the conditions of this legal document, including the following statements:

- I have read, have understood and do accept the agreements above.
- I understand that this is a legal document with effects that I approve and authorize.
- I am authorized to agree to the terms of this document on behalf of the applicant.

Parent/Legal Guardian Signature: _____

Printed Name: _____

Date: _____