

CHARLOTTE COUNTY AMBASSADOR

EMPLOYEE
PROGRAM



KNOWLEDGE • TEAMWORK • COMMUNICATION • LEADERSHIP

Registration for Ambassador Program

April – July 2019

Today's Date _____

Name _____

Title _____

Department/Division _____

Work E-mail _____

Work Phone (_____) _____

Emergency Contact: Name _____

Phone (_____) _____

Why do you wish to become an Ambassador?

I understand that the Ambassador Program requires my attendance at workshops, other events and also requires some work done on my own for completion of the program.

Employee's Signature & printed name _____

Supervisor's Signature & printed name _____

Registration forms must be **received** by Friday, April 12, 2019. Please send your completed form to Cathy Kerallah in Human Resources at Cathy.Kerallah@charlottecountyfl.gov.