



# Masonic Ambassador Program Application

## PERSONAL INFORMATION

FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

ADDRESS LINE 2: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

## MMRI KNOWLEDGE

Have you ever visited and taken a tour at MMRI?

- Yes
- No
- Yes, but over 6 years ago
- Yes, but over 10 years ago

How knowledgeable are you of MMRI and the research it produces?

- Not knowledgeable
- Somewhat knowledgeable
- Moderately knowledgeable
- Very Knowledgeable
- Expert level of knowledge

## COMMITMENT AND INTEREST IN VOLUNTEERING AS AN AMBASSADOR

Are you interested in volunteering to represent MMRI as an ambassador?

*As an ambassador you will educate the Masonic community on MMRI's Mission and Core Research Areas.*

- Yes
- No

Do you understand the core research that MMRI focuses on?

*If not, that is okay, we will train you!*

- Yes
- No

Are you willing to travel and present on the behalf of MMRI as a volunteer?

- Yes
- No

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Do you have access to reliable transportation?

- Yes
- No

Are you comfortable presenting to and soliciting support from the masonic community?

- Yes
- No

## MASONIC CONNECTION AND BACKGROUND

Do you still actively belong to a Masonic lodge?

- Yes
- No

If active, what Masonic lodge are you a brother of? \_\_\_\_\_

Please provide three mason references, name and phone number: \_\_\_\_\_

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## PERSONAL CONNECTION

Do you have any personal, family or communal connections to MMRI's research that will inspire your work as an ambassador?

*We specialize in the following areas: Neurocognitive Disease (ex. Autism, Alzheimer's disease and PTSD) Heart Disease (ex. Cardiac Fibrosis, Congenital Heart Disease, Atherosclerosis, etc.) Autoimmune Disease (ex. Lupus Disease, Type 1 Diabetes and Rheumatoid Arthritis) Example: My cousin has Autism, and my grandma has Atherosclerosis (the belief in the research MMRI does will empower ambassadors to captivate their audience. We will never force you to share your connection to our research and have stories you can utilize if you would prefer not to share personal connections).*

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Would you feel comfortable sharing your personal connection to inspire others to support MMRI?

- Yes
- No
- Yes, but I'll need help making it impactful

Are you available to attend the 2-day in-person training on Wednesday, January 29, 2025 and Thursday, January 30, 2025?

- Yes, I can do in-person
- No, I can't make it
- No, I can zoom

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Do you have a Facebook or a form of social media?

Select all that apply

- Facebook
- Instagram
- X (formally known as Twitter)
- LinkedIn

Please provide one example of a time when you presented in front of an audience.

*Large or small and if you cannot think of one, please respond with N/A*

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*I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for volunteering and understand that any false statement may be cause for termination. I have freely and without any pressure or coercion offered – as a volunteer – my services to Masonic Medical Research Institute (MMRI), and understand that there will be no financial compensation for these services. I also acknowledge that my volunteering has a charitable and humanitarian purpose, and that I am not otherwise employed with MMRI to perform the same type of services as I propose to volunteer.*

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_