



**Thank you for expressing interest in the Honoring Choices Ambassador Program!
Please complete the following information.**

Name:	
Address:	
Phone:	
Email:	

Are you fluent in any language(s) (including ASL) other than English? Please indicate language(s).

What skills do you have that could benefit the Honoring Choices Ambassador Program?

Please circle areas of service that interest you.

Office & Program Assistance

Advance Care Planning Education

Program Development Task Force

Quality Improvement Task Force

Other – Please describe:

If you have questions regarding our Ambassador Program, please contact Honoring Choices Minnesota at 612-362-3705.

Please return this form:

- by mail: Honoring Choices Minnesota, 1300 Godward St NE, Suite 2000, MPLS MN 55413
- by email: hnelson@metrodoctors.com
- by fax: 612-623-2888