



Empowering people and communities to achieve wellness and wellbeing through expertise, education and guidance.

Ambassador Application

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Profession: _____ Service: _____ Product: _____

How many years have you been involved with the above? _____

Briefly describe what you do and how it benefits our mission of wellness and wellbeing:

As an Ambassador, what aspects of your expertise and professional knowledge are you interested in sharing on behalf of the Joseph P Cory Foundation and our mission?

Can the knowledge you listed above, be taught and implemented with ease to impact the daily lives and/or long-term health and wellbeing of people? If yes, how?



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Does your professional work/service/product have statistical data, measurable results, and/or published work detailing the efficacy and benefits derived your profession/product/service? If yes, would you be able to provide the sources, so we in turn can further educate the public with support/testimony/verification? _____

How is your topic best shared with your ideal patient/client/customer?

As an Ambassador, would you be interested in becoming an active member of the Joseph P Cory (JOPCO) Speakers Bureau? Yes _____ No _____

As an Ambassador, would you be interested in participating in our “Consortium of Health, Wellness and Wellbeing” monthly meetings and community resource guide? Yes ____ No ____

Have you ever: (Check any or all)

Spoken publicly ____ Presented to a group ____ Displayed at Expos ____ Facebook Live! ____

Do you have a website? _____ What other social media channels do you use to promote yourself/products/services? _____

As an Ambassador, would you be interested in creating exclusive discounts, so other Ambassadors may have an opportunity to share your services and products? _____

As an Ambassador, would you be interested in selling your services and products through the Joseph P Cory website? _____

Comments: _____

