The Charles and Salome Reymann Foundation **Ambassador Application**



Candidate's Name:			Date:	Date:		
Candio	date's Address:		City	ST	Zip	
Candio	date's Company Name:		Title:			
Candio	date's Field, Industry or Spec	ialty:				
Candio	date's Phone:	E	mail:			
1.	How did you learn about th are you interested in servin		•	on? As a potenti	al candidate, why	
2.	How would you like to cont	ribute to Reymann F	oundation via the Am	nbassador Group	o?	
3.	How does the mission of th	e Reymann Foundati	on align with your pe	rsonal philosoph	nies?	
4.	What affiliations do you have needs and objectives of the		•	or personal, that	may support the	
5.	Are you willing to uphold the standards, and use your talk strategic objectives?					
Ple	ease Submit Completed Form	to: The Charles and	Salome Reymann Fou	undation		

1211 Milstone Court

Eldersburg, MD 21784