



SIGN UP TO BECOME A BYC AMBASSADOR

CONTACT INFORMATION:

YOUR NAME

First

Last

ARE YOU AN EXISTING CAGC MEMBER? NAME OF COMPANY

YES NO

ADDRESS OF COMPANY

Street

CITY

STATE

ZIP

PREFERRED EMAIL

PREFERRED PHONE #

PREFERRED METHOD OF CONTACT

PHONE EMAIL

BEST TIME TO CONTACT

DAY EVENING NIGHT

AREAS OF INTEREST:

- CONTRACTORS IN THE CLASSROOM PRESENTER CAREER FAIRS/HIRING EXPOS Local Regional
- FUNDRAISING ASSISTANCE PR IN YOUR AREA STUDENT MENTOR
- CONSTRUCTION CAMP PARTICIPANT GUEST SPEAKER ON BEHALF OF BYC AND YOUR COMPANY
- DIVERSITY & INCLUSION OUTREACH PARTNER

SCHEDULING INFORMATION:

PREFERRED AREA OF EXPERTISE (What you would speak about?)

WHAT IS YOUR AVAILABILITY?

HOW FAR WOULD YOU BE WILLING TO TRAVEL?

WHAT ARE YOUR RESOURCE NEEDS? (Do you have your own visual aids, promo items, videos, etc.?)

YES, I HAVE MY OWN NO, I NEED BYC TO PROVIDE ME WITH RESOURCE MATERIAL

ARE YOU WILLING TO CONSENT TO A BACKGROUND CHECK IF YOUR LOCAL SCHOOL REQUIRES IT?

YES NO

ANY ADDITIONAL INFO WE NEED?