



SIGN UP TO BECOME A BYC AMBASSADOR

CONTACT INFORMATION:

YOUR NAME

First

Last

ARE YOU AN EXISTING CAGC MEMBER?

 YES NO

NAME OF COMPANY

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 FAIR /HIRING EXPO
 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 would you 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?