



## *Diversity Ambassadorial Program Ambassador Nomination Form*

We welcome your nomination of an individual whom you feel would make an excellent Diversity Ambassador. Please complete as much of the attached form as possible. Submit your completed form to:

**Alba Perez**  
**Greater Des Moines Partnership**  
**700 Locust St., Suite 100**  
**Des Moines, IA 50309**  
**aperez@desmoinesmetro.com**  
**FAX: 515-286-4902**

### **What is the Diversity Ambassadorial Program?**

As our community and workforce grow, newcomers arrive to the Greater Des Moines area and they want to be connected. This program will assist newcomers and community members in making connections happen.

Ambassadors will commit to assisting Greater Des Moines Partnership's members in creating an inclusive community that values, nurtures, attracts and retains people of diverse backgrounds, cultures, and beliefs. Ambassadors provide a connectivity service and a sense of community to candidates, current or new employees and new residents to the area.

The right ambassador for this program is a Greater Des Moines enthusiast with a welcoming and professional presence. Flexibility is also a sought out quality. An ambassador will properly manage the expectations, time commitment and conclusion of the service. Ambassadors will uphold the mission of the Greater Des Moines Partnership at all times.

*The Diversity Ambassadorial program is sponsored and administered by the  
Greater Des Moines Partnership's Diversity Committee.*

**DES MOINES.**  
**DO**  
**MORE.**



## Diversity Ambassadorial Program Ambassador Nomination Form

### *About the Nominee:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business/Organization: \_\_\_\_\_ How long? \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Position / Title: \_\_\_\_\_

Job Responsibilities: \_\_\_\_\_

Nominee's Key Skills & Traits: \_\_\_\_\_

Why do you think this person is well-suited to being a Diversity Ambassador?

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### *About You\*:*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*\*Your information will not be shared. We may contact you to discuss your nomination.*