

Greenville Chamber of Commerce  
Ambassador Program Application

Date \_\_\_\_\_



GREENVILLE CHAMBER  
OF COMMERCE

**Ambassador Program APPLICANT INFORMATION**

(Please complete all fields on this form. Only completed applications will be considered.)

Name/Title: \_\_\_\_\_

Business Name or Organization: \_\_\_\_\_

Phone #/ Cell# \_\_\_\_\_

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

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

How long have you owned or worked for this business/organization?

How did you hear about the Ambassador Program?

Please select any of the following social media sites that you are active on and supply your username:

Facebook Username: \_\_\_\_\_

Twitter Username: \_\_\_\_\_

Instagram Username: \_\_\_\_\_

LinkedIn Username: \_\_\_\_\_

May we connect with you via social media?

Yes

No

**GREENVILLE CHAMBER INVOLVEMENT/EXPERIENCE**

How long has your business/organization been a member of the Greenville Chamber of Commerce?

Please list any volunteer positions you have held with any Chamber:

Has your business/organization sponsored any Chamber events/initiatives? If so, please tell us what these have been:

Does or has your business/organization advertised on the Chamber website or any Chamber publication in the past? If so, please tell us which ones and when:



This volunteer commitment is from **April 1, 2019-March 31, 2020**. Are you able to make this commitment?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

Please indicate your availability to attend events, meeting, retreats, and other required Ambassador and respective coalition activities:

<b>Monday</b>	_____ Morning	_____ Afternoon	_____ Evening
<b>Tuesday</b>	_____ Morning	_____ Afternoon	_____ Evening
<b>Wednesday</b>	_____ Morning	_____ Afternoon	_____ Evening
<b>Thursday</b>	_____ Morning	_____ Afternoon	_____ Evening
<b>Friday</b>	_____ Morning	_____ Afternoon	_____ Evening

**IMPORTANT:** Ambassadors will be required to attend Ambassador Program Retreat/ Training in order to be eligible for participation. (time and date to be determined)

If selected, will you be available to attend this meeting? \_\_\_\_\_ YES      \_\_\_\_\_ NO

Will you be able to attend monthly Ambassador meetings on the 2nd Tuesday of each month for one hour? \_\_\_\_\_ YES      \_\_\_\_\_ NO

*The Ambassador Program is only open to volunteers from Chamber members in good standing. If your business or organization elects to drop their Chamber membership or becomes a member not in good standing, the Chamber reserves the right to end the volunteer relationship.*

**OTHER VOLUNTEER EXPERIENCE**

Are you currently or have you been previously involved with other volunteer organizations? Please list up to three organizations in which you have been or are currently active and have had any leadership responsibilities or positions held.

<u>Organization</u>	<u>From/To</u>	<u>Leadership Responsibility/Position Held</u>
_____	_____	_____
_____	_____	_____

**TELL US ABOUT YOUR INTERESTS**

What are some of your special interests, hobbies, abilities and skills?

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What are you most interested in doing/learning as a volunteer for the chamber?

Is there anything you would like us to know about you?

How do you feel that participating in the Ambassador program will benefit you and/or your business?

Please rate the Coalitions by preference (1 first, 2 second, 3 third)

\_\_\_\_\_ Host Coalition

\_\_\_\_\_ Outreach Coalition

\_\_\_\_\_ Welcome Coalition

Short description of each coalition:

- The **Welcome Coalition** delegates build relationships with and provide assistance to new chamber members and represent the Chamber at ribbon cutting ceremonies.
- The **Outreach Coalition** delegates provide assistance to current members in representation of the Chamber through relationship building.
- The **Host Coalition** delegates provide assistance with the implementation of Chamber events.

**\*Please refer to the Ambassador brochure for detailed program information at [greenvillechamber.com](http://greenvillechamber.com).**

I agree to indemnify and hold harmless the Greenville Chamber of Commerce (the Chamber), its officers, officials, employees, agents, and any other co-sponsoring agency from any liability for personal injury, death or property damage which may arise as a result of my participation as a volunteer for the Chamber. I also agree to represent the Chamber with the same dedication, professionalism and commitment as I do in my business/organization.

In addition, I understand that, through the course of my duties as an Ambassador, I may be given access to member information that is proprietary in nature. I pledge to use such information only for the benefit of the Chamber and not for the benefit of the Chamber and not for the benefit of myself or my business/organization.

This release shall remain in effect until revoked in writing.

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\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Do you have the formal endorsement of your employer? \_\_\_\_\_ YES \_\_\_\_\_ NO

Return completed application and \$40 application fee to the **Greenville Chamber of Commerce**.

(\$40 will be returned if not accepted into the Ambassador program. Fee waived for Chairman Membership levels and above.)

**Thank you for completing this application form and for your interest in volunteering with us.**

*It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.*

For Chamber Use Only:

Date Application Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member in Good Standing: \_\_\_\_ Yes \_\_\_\_ No