



# 2016-2017 Ambassador Application

## Contact Information

Name	
Business Street Address	
City, State, ZIP Code	
Cell Phone	
Work or Direct Phone	
E-Mail Address	
Place of Employment	
Title	
# of years at Employment	
Birth Month & Day	

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings
- Weekday afternoons
- Weekday evenings

## Interests

Tell us in which areas you are interested in volunteering

- Business After Hours
- Ribbon Cuttings, Grand Openings
- Events - Chamber Experience, Business EXPO, Golf Tournament
- Recruiting New Members
- Fundraising
- Special Projects (Operation Thank You, Updating Member Info)
- Public Forums

## Volunteer Experience

Summarize your community service/ volunteering experience.

## Code of Conduct

*All representatives of the Brunswick-Golden Isles Chamber of Commerce, as advocates for the community, will provide an inviting and open atmosphere for networking and conducting business. As public relations representatives for the Chamber, Ambassadors must demonstrate respect for the community, other businesses and each other. The purpose of this document is to acknowledge the standards and measures of conduct to which Ambassadors will be held - by the Chamber and by each other. Please initial next to the following items that you have read, understand and agree with the following expectations of being an Ambassador:*

\_\_\_\_\_ I will carry out the mission of the Ambassadors and represent the Brunswick-Golden Isles Chamber of Commerce in a professional manner, including abiding by a “business casual” or nicer dress code when serving as Ambassador.

\_\_\_\_\_ I am committed to growing the membership of BGICOC through membership prospect referrals.

\_\_\_\_\_ I will be informed about the events, activities and work of BGCOOC in the region, and work to engage new members into the offerings of the Chamber.

\_\_\_\_\_ I will ensure that my company remains in good standing with BGICOC.

\_\_\_\_\_ I will attend monthly Ambassador Meetings.

\_\_\_\_\_ I will work to meet the requirement of 50% team attendance at all Grand Opening / Ribbon Cuttings / Open Houses.

\_\_\_\_\_ My workplace is aware of my possible involvement as an Ambassador and supports me making the necessary commitment of time.

## Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I also affirm that I am willing and able to make the time commitment required.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Thank you for completing this application form and for your interest in volunteering with the Brunswick-Golden Isles Chamber of Commerce. You will be contacted in the next 15 days regarding your application to serve as an Ambassador. Please return to Attn: Kate Reeves, Director of Membership Services, Brunswick-Golden Isles Chamber of Commerce, 1505 Richmond Street, Second Floor, Brunswick, GA 31520, fax: 912-265-0629 or email: Kreeves@bgicoc.com.***