



AMBASSADOR APPLICATION

CONTACT INFORMATION

First Name: _____ Last Name: _____ Phone #: _____

Place of Employment: _____ Title: _____

Address: _____ City / State: _____ Zip: _____

Number of Years Employed: _____ Date of Birth (Month/Day): ____/____/____ Email: _____

AVAILABILITY

During which hours are you available to volunteer?

- Weekday Mornings
- Weekday Afternoons
- Weekday Evenings

INTERESTS

Tell us which volunteer opportunity interests you most.

- Business After Hours
- Ribbon Cuttings/Grand Openings
- Annual Events: Chamber Experience, Business Expo & Golf Tournament
- Recruiting New Members
- Fundraising
- Special Projects
- Public Forums

VOLUNTEER EXPERIENCE

Summarize your community service 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 for 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 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 an Ambassador.
- _____ I am committed to growing membership for the Chamber through membership prospect referrals.
- _____ I will be informed about the events, activities and work of the Chamber 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 the Chamber.
- _____ I will attend monthly Ambassador meetings.
- _____ I will work to meet the requirements of 50% team attendance at all Grand Openings / 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 regarding your application to serve as an Ambassador or Ambassador Intern. Please return to Attn: Kate Blackshear, Director of Membership Services.