

**Ambassador Program APPLICANT INFORMATION**

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

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

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

Title: \_\_\_\_\_

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

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

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

Date of Birth: \_\_\_\_\_

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   

**ROWLETT CHAMBER INVOLVEMENT/EXPERIENCE**

How long has your business/organization been a member of the Rowlett 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 **January 1, 2019 through December 31, 2019**. Are you able to make this commitment?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

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

*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?

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?

**Expectations of Rowlett Chamber Ambassadors:**

- **Build Relationships**
  - Member Visits
  - Ribbon Cuttings
- **Chamber Growth**
  - Recruit new Chamber Members
- **Event Assistance**
  - Participate on event committees
  - Publicize events
  - Volunteer at events

