



# CORNING AREA CHAMBER OF COMMERCE

## AMBASSADOR APPLICATION

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

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

Have you ever been an Ambassador for the Corning Area Chamber of Commerce previously? YES  NO  If yes, when? \_\_\_\_\_

Approximately how many of the following events have you attended in the last 6 months:  
Business After Hours \_\_\_\_\_  
Morning Mingle \_\_\_\_\_  
Ribbon Cuttings/Grand Openings \_\_\_\_\_  
Government Affairs and Education Programs \_\_\_\_\_

### EMPLOYMENT HISTORY – 2 YEARS

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

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

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

\_\_\_\_\_

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

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

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

\_\_\_\_\_

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

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

Job Title: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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

**COMMUNITY INVOLVEMENT**

*Please list any other community activities you are currently involved with, personally or professionally.  
(ie. organization board of directors, civic organizations, volunteer opportunities etc.)*

Organization: \_\_\_\_\_ Meeting Time: \_\_\_\_\_  
(ie. Tuesdays at 1pm)

Type of Involvement: \_\_\_\_\_

\_\_\_\_\_

Organization: \_\_\_\_\_ Meeting Time: \_\_\_\_\_  
(ie. Tuesdays at 1pm)

Type of Involvement: \_\_\_\_\_

\_\_\_\_\_

Organization: \_\_\_\_\_ Meeting Time: \_\_\_\_\_  
(ie. Tuesdays at 1pm)

Type of Involvement: \_\_\_\_\_

**STATEMENT OF INTEREST**

*Please write a brief summary of the reason(s) why you wish to participate in the Ambassador Program.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to approval, I understand that false or misleading information in my application may result in my release. Furthermore, I understand that if it is my responsibility to approve my participation and the time requirements with my current place of employment.*

*If at any point during an appointed term I should become unemployed or change employers, I acknowledge that I will need to reapply to continue my participation.*

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