



Chamber Ambassador Application

Name: _____

Company: _____ Supervisor: _____

Position: _____ Start Date: _____/_____/_____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Cell Phone: _____

E-Mail: _____

General Questions

What is your impression of the Bellmead Chamber and the services it offers?

List 3 benefits that your company has received from its Bellmead Chamber membership?

Ambassador Questions

Why do you want to be a Bellmead Chamber Ambassador?

What do you hope to gain from the experience?

What do you hope to bring to the Ambassadors program?

Give an example of a volunteer experience you've had that has prepared you to effectively carry out the responsibilities of a Bellmead Chamber Ambassador.

Agreement

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 Bellmead Chamber of Commerce in a professional manner, including abiding by a “business casual” or nicer dress code when serving as an ambassador.

_____ I will be committed to the growth and retention of BCC membership through phone and in-person activities with my assigned members and perspective members.

_____ I will be informed about the events, activities, and work of the BCC, and work to engage members into the offerings of the Chamber.

_____ I will ensure that my company remains in good standing with the BCC.

_____ I will meet the requirement of 75% (9 of 12) attendance at monthly Ambassador Meetings

_____ I will attend the requirement of 75% attendance at all BCC event of all Grand Openings, Ribbon cuttings, and other chamber sponsored events.

_____ I understand that failure to meet the attendance, duty, conduct, or professional expectations of the program may result in dismissal as a Bellmead Chamber of Commerce Ambassador.

_____ My workplace is aware of my possible involvement as an Ambassador and support 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 and have reviewed this commitment with my workplace supervisor.

Signature of Applicant	Printed Name	Date
Signature of Employer/Supervisor	Printed Name	Date