

Rowlett Chamber of Commerce
Ambassador Program Application 2019



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:

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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:

Monday	_____ Morning	_____ Afternoon	_____ Evening
Tuesday	_____ Morning	_____ Afternoon	_____ Evening
Wednesday	_____ Morning	_____ Afternoon	_____ Evening
Thursday	_____ Morning	_____ Afternoon	_____ Evening
Friday	_____ 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

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I agree to indemnify and hold harmless the Rowlett Chamber of Commerce (the Chamber), it's officers, officials, employees, agents, and any other co-sponsoring agency from any liability for personal injury, death or property damage which may arise as a result of my participation as a volunteer for the Chamber. I also agree to represent the Chamber with the same dedication, professionalism and commitment as I do in my business/organization.

In addition, I understand that, through the course of my duties as an Ambassador, I may be given access to member information that is proprietary in nature. I pledge to use such information only for the benefit of the Chamber and not for the benefit of myself or my business/organization.

This release shall remain in effect until revoked in writing.

Applicant Signature

Date

Do you have the formal endorsement of your employer? ☐ YES ☐ NO

Return completed applications to the **Rowlett Chamber of Commerce**.

Thank you for completing this application form and for your interest in volunteering with us.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

For Chamber Use Only:

Date Application Received: ____/____/____

Member in Good Standing: ____ Yes ____ No