



AMBASSADOR APPLICATION

Name _____ Date _____

Business Name _____ E-Mail _____

Business Address _____ City _____ Zip _____

Phone #s Work _____ Cell _____ Fax _____ Home _____

Supervisor's Name _____ Title _____

Home Address _____ City _____ Zip _____

Is there a time of the month/year that is extremely difficult for you to get away from your job?
____ Yes ____ No If Yes, when _____

Why do you want to be an Ambassador? _____

Describe your occupation or business (tell us about you and your products/services)

Hobbies/Special Interests

- Please read the following examples of roles we ask of our Ambassadors*
- Be a spokesperson for the Shawnee Chamber and its role within the community.
 - Able to leave his/her workplace at various times of the day.
 - Moderate/Emcee events such as Business After Hours and Ribbon Cuttings.
 - Assist Chamber staff at events by introducing yourself to new members. Help introduce members to one another.
 - Attend monthly Ambassador meetings.
 - Actively support business growth by recommending businesses and/or providing referrals to Chamber staff for potential new members.

Applicant Signature _____ Date _____

EMPLOYER/SUPERVISOR'S SIGNATURE OF APPROVAL IS MANDATORY
I give my employee permission and my support to be a Chamber Ambassador

Supervisor Signature _____ Date _____