



## 2022 Ambassador Application

Thank you for your interest in becoming an Ambassador for the 2022 year at Greater Hernando County Chamber of Commerce! Please submit the following along with completed application to:

- ✓ Current Resume
- ✓ Current Headshot via email .jpg high resolution
- ✓ \$10 Check payable to GHCCC for an Ambassador badge

Greater Hernando County Chamber of Commerce  
15588 Aviation Loop Drive  
Brooksville FL 34604  
Email: [info@hernandochamber.com](mailto:info@hernandochamber.com)

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

### PERSONAL INFORMATION:

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

Position: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

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

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

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_

Hobbies/ Interests: \_\_\_\_\_

**What does Being an Ambassador mean to you?** \_\_\_\_\_

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### \*Ambassador Protocols must adhere to the following:

- ✓ 1 Ribbon Cutting per month
- ✓ 6 Monthly Membership Meetings per year
- ✓ 8 General Ambassador Meetings per year
- ✓ 10 Steering Committee meetings per year
- ✓ 2 Chamber Events per year

**AGREEMENT**

*I will carry out the mission of an Ambassador and represent the Greater Hernando County Chamber of Commerce in a professional manner. I will be committed to growing the membership of the Chamber through the Operation Outreach. I will be informed about the events, activities, and work of the Chamber, and work to engage new members into the offerings of the Chamber. I will ensure that my company remains in good standing with the Chamber. I will meet the requirements of attendance of an Ambassador. I understand that failure to meet the attendance, duty, conduct, or professional expectations of the program may result in dismissal from the Ambassador Program. My workplace is aware of my possible involvement as an Ambassador and supports me making the necessary commitment of time.*

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Employer Signature \_\_\_\_\_ Date: \_\_\_\_\_

**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.

\_\_\_\_\_  
**Signature** **Printed name**

*The Greater Hernando County Chamber of Commerce provide equal opportunities without regard to race, color, religion, nationality, gender, sexual preference, age or disability.*

**-----Steering Committee Markup Below this Line-----**

Steering Committee Member Motion to Accept  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

Steering Committee Member 2<sup>nd</sup>  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

Accepted By Committee

Declined By Committee

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

**Ambassador Chair Signature**