

|  |
| --- |
| **For Chamber Use**Date Received: Received By: Date Approved: |
| Approved By: |  |
|  |  |

**MCCC Ambassador Team Application**

**& Commitment Agreement**

Name: Title: Company: Address: City: State: Zip: Phone: Mobile: Email: Best way to communicate with me is: email phone text Facebook

1. Please share what strengths you can bring to the Ambassador Team:
2. Please share what you hope to gain from participating on the Ambassador Team:

# Availability and Activities

To assist us with future scheduling, please check the boxes that best indicate the days and times you are typically available to assist with Chamber events and activities:

# Notes:

|  |  |  |  |
| --- | --- | --- | --- |
| **Days** | **Morning** | **Afternoon** | **Evening** |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

The Ambassador Team assists the Chamber staff with a variety of events and activities. As much as possible, we want you to participate in activities with which you feel most comfortable. This is a list of activities that you may be asked to assist with as an Ambassador. Thank you in advance for your support.

Distributing materials (plaques, membership information, etc.) Conducting surveys

Facilitating new member orientation Serving as an event host/hostess Staffing a registration table

Conducting visits with members/updating member information Attending ribbon cutting ceremonies

Assisting with event planning Creating program materials Recruiting new members

Contacting members through a variety of media Assisting with retention of current members

Other tasks as needed

I understand the purpose of the Ambassador Team and agree to commit the time necessary to accomplish the goals of the Program.

I understand my responsibilities are to:

* Serve as an Ambassador for a term of two years.
* Provide a minimum of five hours of service every month.
* Attend the Ambassador Training Program.
* Attend monthly Ambassador meetings. (First Friday of each month)
* Attend Business After Hours, ribbon cutting ceremonies, and other Chamber programs whenever possible.
* Assist with follow-up and communications to new, current, and inactive members.
* I further understand if my schedule does not allow me to fully support my

duties as an Ambassador, I will withdraw until I am able to fully participate, following a discussion with Ambassador leadership or Chamber staff.

I understand my photo may be used in promotional materials, online venues and other situations in which the Chamber wishes to distribute information.

I have the permission of my employer to participate on the Ambassador Team.

I have been active with the Chamber for at least six months.

Applicant Signature: Date:

I give permission for the previously mentioned employee to participate on the Ambassador Team.

I fully understand participating on the Ambassador Team may require this employee to commit time out of the office during work hours. This schedule will be available five work days in advance of the event.

Employer Signature: Date: