



WILMINGTON-CLINTON COUNTY CHAMBER OF COMMERCE AMBASSADOR CLUB APPLICATION

CONTACT INFORMATION

First Name: _____

Last Name: _____

Place of Employment: _____

Title: _____

Email: _____

Phone Number: _____

Street Address: _____

City: _____

Number of Years Employed: _____

Date of Birth (month/day): _____

AVAILABILITY

During which hours are you generally available to volunteer?

_____ Weekday Mornings _____ Saturday Mornings

_____ Weekday Afternoons _____ Saturday Afternoons

_____ Weekday Evenings

VOLUNTEER OPPORTUNITIES

Which volunteer opportunity interests you most?

_____ Business After Hours/Business After Business

_____ Ribbon Cuttings/Grand Openings

_____ Ca\$h Mobs

_____ Annual Events (Annual Meeting, Job Fair, Benefits Fair, Chamber Clay)

_____ Member Recruitment/Retention Efforts

VOLUNTEER EXPERIENCE

Summarize your community service experience.

AMBASSADOR CLUB GUIDELINES

All representatives of the Wilmington-Clinton County Chamber of Commerce, as advocates for the community, will provide an inviting and open atmosphere for networking and conducting business. As public relations representatives for the Chamber, Ambassadors must demonstrate respect for the community, for other businesses, and for each other. Please initial next to each of the following items to show that you have read, understand, and agree with the expectations of being an Ambassador.

As a member of the Ambassador Club, I will:

- _____ Retain a professional appearance and attitude when representing the Chamber.
- _____ Keep proprietary information confidential.
- _____ Help the Chamber maintain healthy membership by recruiting new members and participating in member retention efforts.
- _____ Attend the quarterly Ambassador Club meetings.
- _____ Be knowledgeable about the Chamber in areas regarding Chamber services and programs, and about the business community.

AMBASSADOR CLUB MEMBER RELEASE

The above applicant is an employee of our organization and has our approval and support for his/her commitment as a member of the Wilmington-Clinton County Chamber of Commerce Ambassador Club. Ambassador Club membership allows our employee to represent our company while acting as a liaison for the Chamber. Our employee has our permission for time off to attend meetings, functions, and other events as required by the Ambassador Club.

Company Name: _____

Supervisor Name: _____

Supervisor Signature: _____

Date: _____

AMBASSADOR CLUB COMMITMENT

I would like to take advantage of the opportunity to become a member of the Wilmington-Clinton County Chamber of Commerce Ambassador Club. Upon reading and understanding the information pertaining to the Ambassador Club program and the responsibilities associated with being an Ambassador, I hereby submit my application for acceptance into the Ambassador Club.

Signature/Date: _____