Chamber Ambassador Application

INSTRUCTIONS: Please follow these instructions carefully. In addition to your letters of reference, your application is the basis for your consideration for the Chamber Ambassador Program and failure to follow these instructions will adversely affect your standing in the selection process.

- Application must be accompanied with two letters of reference; one from your employer (if applicable) and one from a fellow Chamber member.
- Have an understanding of and agree to the financial commitments of the program including - annual dues of $85 and the cost of purchasing the official Ambassador Jacket ($250)
- Application should be returned to the Greater Tallahassee Chamber of Commerce, P.O. Box 1639, Tallahassee, FL 32302.
- Have an understanding of and agree to the time commitment of being an Ambassador including participation in at least 20 scheduled activities per year.

SELECTION CRITERIA: We are looking for professionals who...

- Are current members of the Greater Tallahassee Chamber of Commerce,
- Have a sound knowledge of the Chamber mission and programming,
- Are willing to demonstrate a commitment to the mission of the Chamber by participation in Chamber activities,
- Have the ability to represent the Chamber in the community.

RESPONSIBILITIES:

- Attend Ribbon Cuttings/Ground Breakings
- Attend monthly Ambassador meetings and training sessions
- Contact and thank assigned new and existing members to increase member retention and satisfaction (monthly call lists) - submit all completed call lists to assigned Chamber staff through defined method.
- Communicate through Social Media. Build your network and the Chamber’s network while adhering to the Chambers’ guidelines for Social Media.
- Attend other Chamber Events as requested.
I. Business Information

Name: ____________________________
Employer: ____________________________
Business Address: ____________________________
City, State, Zip: ____________________________
Business Phone: ____________________________  Fax: ____________________________
Email Address: ____________________________  Cell Phone: ____________________________
Title or Position: ____________________________
Responsibilities: ____________________________

Does your job allow you a lot of flexibility? ____________________________
Does your job require travel? ____________________________
How many hours do you work during an average week? ____________________________

II. Community Involvement:

Please list any groups or organizations that you have been involved. (This includes community, civic, political, government, social, athletic, and/or other activities.)

Organization: ____________________________
Assignment/Position: ____________________________
Responsibilities: ____________________________

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Assignment/Position: ____________________________
Responsibilities: ____________________________

What do you consider your most important accomplishment to date in one of the above organizations? Why? ____________________________

________________________________________

________________________________________
Please Read the following before answering the questions below:

**Mission Statement:** The mission of the Ambassadors is to advocate the mission of the Chamber by acting as a voluntary liaison between the Chamber and their membership. As a group of organized volunteers, they share a strong commitment to enhance the Chamber’s membership through recruitment and retention efforts.

The Ambassadors’ Annual goal is to increase the retention rate of new and existing members by conducting a program of goodwill calls; reinforcing the benefit of Chamber membership; increasing members’ knowledge about programs, services and benefits of the Greater Tallahassee Chamber of Commerce; and keeping channels of communications open between the membership and the Chamber’s Board and staff.

How do you feel you can assist in the fulfillment of the Ambassador Program’s Mission Statement and goal?

________________________________________________________________________________________

________________________________________________________________________________________

What talents and/or abilities do you possess that would benefit the Ambassador Program?

________________________________________________________________________________________

________________________________________________________________________________________

What would you like to gain from serving as an Ambassador?

________________________________________________________________________________________

________________________________________________________________________________________

If you had the opportunity to describe yourself to the selection committee what would you say?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
IV. Commitment

I am willing to commit to the responsibilities of the Chamber Ambassador Program serving as a volunteer to the Greater Tallahassee Chamber of Commerce. This commitment includes monthly ambassador meetings, scheduled Chamber events, and ribbon cutting ceremonies.

_________________________________________  ___________
Applicant's Signature                      Date

_________________________________________  ___________
Supervisor/CEO's Signature (if applicable)  Date