

## HARDIN COUNTY CHAMBER OF COMMERCE

## **CHAMBER AMBASSADOR APPLICATION**

NAME			
BUSINESS OR EMPLOYER			
ADDRESS			
CITY	STATE	ZIP	
ADDRESS TO SEND COR	RESPONDENCE IF DIFFERENT FROM	M ABOVE:	
PHONE	FAX	CELL	
E-MAIL		WEBSITE	
JOB TITLE/RESPONSIBI	LITY		
YOU AS AMBASSADOR:			
LIST UP TO FIVE (5) VOI INCLUDE DATES AND D	LUNTEER ACTIVITIES IN WHICH YOESCRIBE ACTIVITIES.		
2)			
3)			

4)		
5)		
	OW MUCH TIME EACH MONTH DO YOU COMMIT TO COMMUNITY, CIVIC, PROFESSIONAL ID OTHER ORGANIZATIONS AND ACTIVITIES:	
AR	RE YOU AVAILABLE DURING WORKING HOURS TO PARTICIPATE IN THE FOLLOWING:	
1)	CALL ON CHAMBER MEMBERS/BUSINESSES? ☐ YES ☐ NO	
2)	ATTEND RIBBON CUTTINGS/GRAND OPENINGS/GROUND BREAKINGS?   VES   NO	
3)	WORK AS GREETER/TABLE HOST/USHER/BASKET/ESCORT AT CHAMBER LUNCHEONS?  ☐ YES ☐ NO	
<b>4</b> )	ATTEND MONTHLY AMBASSADOR MEETING AND MONTHLY LUNCHEON MEETINGS?	
5)	□ YES □ NO	
6)	ATTEND THE ANNUAL TRAINING SESSION? ☐ YES ☐ NO	
7)	WORK ON CHAMBER SPONSORED EVENTS/COMMITTEES: GOLF SCRAMBLE/KHF PARADE/KHF INFO BOOTH/FARM CITY DAY/COMMUNITY RELATIONS? ☐ YES ☐ NO	
SIC	GNATURE:DATE:	