



Providing Economic, Community, and Workforce Development Services

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

Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

**BUSINESS**

Who referred you to the Ambassadors? \_\_\_\_\_

If not referred, how did you find out about the Ambassadors?

\_\_\_\_\_

Describe your business \_\_\_\_\_

\_\_\_\_\_

How long have you been with your present business? \_\_\_\_\_

**GENERAL**

Are you willing to attend all Ambassador meetings? (They are held 3-5 on the second Wednesday of each Month) \_\_\_\_\_

Ambassador functions are often on an on-call basis. Are you willing to adjust your schedule most of the time to attend these functions? \_\_\_\_\_

Are you comfortable talking with managers and business owners about chamber benefits?

\_\_\_\_\_

What do you expect to contribute to Ambassadors? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL (the following information is optional)**

Special skills that may benefit the Ambassadors? \_\_\_\_\_

\_\_\_\_\_

Hobbies \_\_\_\_\_

\_\_\_\_\_

Other Community involvement \_\_\_\_\_

\_\_\_\_\_

**CHAMBER MEMBERSHIP**

Are you or your employer a member in good standing at the Kalispell Area Chamber of Commerce?

\_\_\_\_\_

Ambassadors are partly responsible for helping recruit/retain new Chamber members; are you willing to help and in what capacity?

\_\_\_\_\_

**PERSONAL REFERENCES**

1. \_\_\_\_\_ Business Phone: \_\_\_\_\_

2. \_\_\_\_\_ Business Phone: \_\_\_\_\_

3. \_\_\_\_\_ Business Phone: \_\_\_\_\_

Ambassador membership is limited to 40 positions. We will fill vacancies as they arise. Please do not be discouraged if you are not selected at this time, as there may be someone on the waiting list longer. Thank you for your patience!

\_\_\_\_\_

*Applicant's Signature*

As this person's employer, I understand the financial commitment of providing appropriate attire as well as the time commitment for being a Kalispell Chamber Ambassador.

\_\_\_\_\_ (if self employed, applicant signs here)

*Employer Signature*

Recruitment Committee use below above line:

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendation:

\_\_\_\_\_

Interviewed by:

\_\_\_\_\_

Submitted to chairman by:

\_\_\_\_\_