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**Ambassador Interest Application**

**Please Print or Type**

**Submit completed form to Dena Hansen, Director of Membership,** [**dhansen@seminolebusiness.org**](mailto:dhansen@seminolebusiness.org)

Thank you for your interest in serving as a member of the Seminole County Chamber Ambassadors Committee. This form will be reviewed by the Chair of the Ambassadors and staff as spots become available on the Ambassador Committee. Onboarding of new Ambassadors happens in July and December each year as spots become available.

The Ambassador Committee is tasked with welcoming and mentoring new members, volunteering at Chamber events in various roles, outreach to potential new members, and reaching out to current members throughout the year. Ambassadors are viewed as an extension of the Chamber Staff and are recognized and highlighted at all Chamber events. One Ambassador each year is awarded the Martha Miller Legacy Ambassador of the Year award at the Annual Meeting each June.

Please note: The Ambassador Committee is limited to thirty (30) Ambassadors at any time, and new ambassadors must be members in good standing and have been members for at least six (6) months. Ambassador candidates must also be currently serving on at least one (1) other chamber committee at time of application and onboarding. Maximum number of Ambassadors from a single organization is one (1) member. All applications will be kept on file for one (1) year.

Letters of Reference: Please include a letter of reference from the Chair or Co-Chair of the current Chamber Committee that you serve on, as well as a letter of recommendation from a current Ambassador.

**Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employer/Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_**

**Industry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Years of Chamber Membership: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PROFILE:

Why do you wish to serve on the Chamber’s Ambassador Committee? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you see as benefits of Chamber membership?

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Current Committee positions with the Chamber?

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What Chamber activities have you participated in and could commit to attend as a working Ambassador? (After Hours, Good Morning Seminole, Area Councils, Luncheons, etc. Please list all.)

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What skills and experience would you bring to Chamber as a member of the Ambassadors?

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Additional Information you would like to share: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\*My company is a member of the Chamber in good standing: Yes No

\*I am willing to commit to a term of at least 1 year on the Committee: Yes No

\*I understand that there is a monthly committee meeting that I am

required to attend in person on the 4th Wednesday of each month at 8am: Yes No

\*I am employed by, or own, a business located in the Chamber’s service area: Yes No

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_