



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:
