



# Ambassador Application

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

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

What month were you born? \_\_\_\_\_

Position Held: \_\_\_\_\_ Length of time employed by this firm: \_\_\_\_\_

Occupational Duties: \_\_\_\_\_

Explain how your employer supports your involvement of your becoming an Ambassador and why :  
\_\_\_\_\_

How flexible is your schedule during the workday? (Monday-Friday, 8-5)

\_\_\_ Very Flexible \_\_\_ Somewhat Flexible \* \_\_\_ Not Flexible\*

\*Please explain if somewhat and/or not flexible is selected.

Give your reason(s) for wanting to join the Ambassadors. \_\_\_\_\_

List other organizations you are currently involved in and positions held if applicable.

Attach your resume and a brief bio with information you would like fellow Ambassadors to know about you. (hobbies, activities, family, etc.).

Provide three business references for us to contact. Include company name, contact name and phone number.

How did you hear about the Ambassador Program?

Additional Comments: \_\_\_\_\_

Please fill out the above information and return to:

Marion Chamber of Commerce  
Attention: Tami Schlamp  
1225 6<sup>th</sup> Ave Ste 100, Marion, IA 52302  
tami@marioncc.org | fax 319-377-1576

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For office use only: Amb. Exec: \_\_\_\_\_ Called: \_\_\_\_\_ Badge: \_\_\_\_\_ Orientation: \_\_\_\_\_ Polo: \_\_\_\_\_  
SUG: \_\_\_\_\_ Email: \_\_\_\_\_ 2/2019