



Ambassador Application

First and Last Name: _____

Address, City, ST Zip: _____

Contact Phone: _____ E-Mail: _____

Member Business or Affiliation: _____

Title: _____ Supervisor's Name & Phone #: _____

What motivates you to be a Chamber Ambassador?

Please list any other volunteer activities, both past and present:

Personal References:

Name	Position	Phone #

Name	Position	Phone #

Can you attend a monthly meeting (2nd Tuesday at 4pm)? Yes No

Would you be willing to volunteer as an Ambassador for a period of one year? Yes No

Applicant's Signature: _____ Date: _____

Please return this form to: jjones@pschamber.org
 Fax: (760) 325-8549 Address: 190 W. Amado Rd. Palm Springs 92262

Reviewed by Ambassador Chair: _____ Date: _____

Reviewed by the Chamber CEO or designee: _____ Date: _____

Application Decision: