



AMBASSADOR APPLICATION

Name:

Employer:

Job Title/Position:

Address:

City:

Zip Code:

Work Phone:

Cell:

E-mail:

Please list any community organizations in which you are, or have been, actively involved.

- 1. _____ Dates: _____
2. _____ Dates: _____
3. _____ Dates: _____

Please list three business references (required)

- 1. _____ Daytime Phone: _____
2. _____ Daytime Phone: _____
3. _____ Daytime Phone: _____

How long have you been a member of the chamber?

Please provide a brief description of your job responsibilities.

What are your reasons for wishing to participate in the Ambassador Program?

What does leadership mean to you?

What leadership skills will you bring to the program?

Please write 1-2 paragraphs about why you would be an excellent Ambassador (required)

In order to be considered, applicants must be members of the Oroville Area Chamber of Commerce in good standing. Applicant and their employer must be willing and able to make the time commitment necessary to perform in the capacity of an ambassador. I acknowledge that I have read and understand the OACC Ambassador Guidelines.

Applicant's Signature: _____

Employer's Signature: _____

Please return completed application to: Oroville Chamber of Commerce, 1789 Montgomery Street, Oroville, CA 95965 or fax to 530.538.2546