



# SANFORD

AREA GROWTH ALLIANCE

Economic Development • Chamber of Commerce

Well Centered.

## Ambassador Program Application and Commitment Agreement

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

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

1. Please tell us what you think you can bring to the Ambassador Program:

2. Please tell us what you hope to get out of the Ambassador Program:

I understand the mission and purpose of the Ambassador Program and agree to devote the time necessary to accomplish the goals of the Program.

I understand my responsibilities are to:

- Serve as an Ambassador for a term of one year. (July to June)
- Provide a minimum of five hours of service per quarter.
- Report service hours to the Program Co-Chairs.
- Attend the Ambassador Orientation Program, scheduled in July of each year. (Date to be determined.)
- ∇ Attend monthly Ambassador meetings when possible. (First Wednesday of every month.)
- ∇ Attend Business After Hours, AM Buzz, Public Policy Luncheon, ribbon cutting ceremonies and annual events, whenever possible.
- I further understand if my schedule does not allow me to fully support my duties as an Ambassador, I will resign until I am able to fully participate.

I understand my photo may be used in promotional information and the Sanford Area Growth Alliance website.

I have the permission of my employer to participate in the Ambassador program.

The Ambassador Program assists the Chamber staff with a variety of activities. These activities include, but are not limited to:

- Distributing materials (plaques, membership information, etc.)
- Conducting surveys
- Serving as an event host/hostess
- Staffing a registration table
- Conducting visits with members
- Attending ribbon cutting ceremonies
- Assisting with event planning
- Assisting with “day-of” event tasks
- Recruiting new members
- Making phone calls

I agree, as an Ambassador, to assist in participate in the activities listed above.

Comments:

*(Add anything else you would like to Program Chair to know.)*

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

Once completed, please submit your application via email at:  
[frontdesk@growsanfordnc.com](mailto:frontdesk@growsanfordnc.com)