



Date of Application: _____

Name: _____

Business/Organization: _____

Supervisor's Name (if applicable): _____

Mailing Address: _____

City: _____

State: _____

ZIP Code: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Birthday: _____

Job Title: _____

Bio: Tell us about you! (hobbies, interests, volunteer work, achievements, etc.)



Why are you interested in being an Ambassador?

How do you envision yourself supporting and adding value to the Ambassador Program?

Describe yourself using only five words:

**Information submitted may be used by the Gilmer Chamber in social media and marketing efforts to highlight the program and share its impact with our community.*



I have read and understand the Ambassador policies and am willing to meet the requirements for volunteer service in the Ambassador Program. I understand that by signing this application, I am making a commitment to the Ambassador Program and the Gilmer Chamber for one year, January 1, 2027 - December 31, 2027.

Signature of Applicant

I have read and understand the Ambassador policies and am willing to allow my employee to take part and meet the requirements for volunteer service in the Ambassador Program. I understand that by signing this application, I am agreeing to allow my employee to commit to the Ambassador Program and the Gilmer Chamber for one year, January 1, 2027 - December 31, 2027.

Signature of Supervisor (if applicable)

Information for Name Badge:

Preferred First Name: _____

Preferred Last Name: _____

Business/Organization: _____

If you already have an Ambassador name badge, please check if you need a new name badge:

☐ Yes ☐ No

Please give completed applications to either:
Ellen Grant - elleng@gilmerchamber.com
Mackenzie Martin - mackenziem@gilmerchamber.com

696 First Avenue | East Ellijay, GA | 30540