

## **POLSON CHAMBER OF COMMERCE**

### *Junior Ambassador Membership Application*

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

What types of volunteer activities have you been involved with?

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What interests or skills do you possess that would be a benefit to the Junior Ambassador Program?

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Why would you like to be a part of the Junior Ambassador Program?

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Which Junior Ambassador activities are you most interested in?

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **"FOR OFFICE USE ONLY"**

**Ambassador Committee Approval Recommended: YES \_\_\_\_\_ NO \_\_\_\_\_**

**Chamber Board Action: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_**