

## **Delegate Application**

## (Please Print)

Contact Information					
Name					
Title					
Business Name					
Business Address					
City ST ZIP Code					
Work Phone					
Other Phone					
Fax					
E-Mail Address					
Availability					
During which hours are you available for volunteer assignments?					
, , , , , , , , , , , , , , , , , , ,					
Weekday morning					
Weekday afternoo					
Weekday evenings	S Weekend evenings				
Interests					
Tell us in which areas you are interested in volunteering					
	Administration Events Field work				
	Fundraising				
	Deliveries				
	Phone bank				
	Newsletter production				
	Volunteer coordination				
	Other				
Recruitment					

List the 3 names of people in your company you think would be interested in the delegates program. 1.

2.

3.

<b>Special Skills or Qualifi</b>	cations				
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.					
Person to Notify in Case of Emergency					
Name					
Street Address					
City ST ZIP Code					
Home Phone		Other phone			
Work Phone		Other phone			
E-Mail Address					
Delegate Commitment					
Purpose: To maintain membership strength in the Chatsworth-Murray County Chamber of Commerce					
<ol> <li>Responsibilities:         <ol> <li>Attend 50% of all Ribbon Cuttings per quarter.</li> <li>Attend 50% of all Delegate meetings.</li> <li>Call on five or more members per month.</li> <li>Adopt a member for any Chamber event</li> <li>Participate in visitation of existing members.</li> <li>Obtain feedback from the members about Chamber activities.</li> <li>To promote goodwill for the Chamber in the community.</li> </ol> </li> <li>Have fun and promote Murray County and the Chatsworth-Murray County Chamber of Commerce</li> </ol>					
By submitting this application, I agree to the above responsibilities. I understand that if I am accepted as a volunteer sever lack of participation may result in my dismissal from the delegates program.					
Name (printed)					
Signature					
Date					

Thank you for completing this application form and for your interest in volunteering with us.