Atmore Area Chamber Ambassador Program Student Application

Welcome to the Atmore Area Chamber of Commerce Chamber Ambassador Program! We are excited about your interest in this program and the opportunity to get to know you. Our goal is to help you develop your networking opportunities while volunteering at various Chamber and community functions. Ambassadors serve in a public relations capacity and as a liaison between the Chamber and member businesses as our official "hosts, meeters, and greeters".

The Chamber Ambassador Program is a volunteer program at our Chamber. You will represent the Atmore Area Chamber of Commerce in our community and at Chamber-sponsored events. The Ambassadors are a group of qualifying dedicated high school junior and senior volunteers from each high school throughout the Atmore area. Our mission is to act as goodwill representatives at Chamber functions and aid in the support of Chamber members.

Student Information

Student Name:

Address: Must reside in zip codes 36502, 36562, 32568, or 32535

Phone Number:

Email Address:

Parent / Guardian Information

Parent/Guardian Name:

Parent/Guardian Phone Number:

Parent/Guardian Email Address:

School Information

School Currently Attending:

Community Involvement

Describe your community involvement:

School Activities

List school activities, clubs, sports, or leadership roles:

Honors and Awards

List honors, awards, or recognitions received:

Hobbies and Interests

List your hobbies and interests:

Employment

List current or previous employment (if applicable):

Future Plans

Describe your future educational and career goals:

Certification

I certify that the information provided is accurate and complete to the best of my knowledge.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

All applicants must have this form filled out and returned along with their completed application by 3:00 p.m. Friday August 28th 2026

REQUEST OF GPA INFORMATION

I am the parent /legal guardian of _____ (student name).

I have read the information on the Chamber Ambassador Program and am willing to have my child participate.

I hereby authorize the release of the grade point average information through the 3rd reporting period of the current school year for the above-named student.

_____

Parent / Legal Guardian's Name (please print)

_____

Signature of Parent / Legal Guardian

_____

Date Signed

This portion to be completed by School Guidance Counselor or the Principal

The grade point average through the 3rd reporting period of this school year for the above named student is _____.

_____

Guidance Counselor / Principal Signature

_____

School Name

_____

Date Signed

Reference #1

Applicant Name _____

To the Applicant:

This reference should be completed by one of the following: English, History, Math, Science, Foreign Language teacher or by your school administrator. Have the individual place the completed reference in an envelope and seal. You are responsible for delivering the sealed envelope to the Chamber Office with your application form.

To the Reference:

The person named above has applied for the Chamber Ambassador program. It is an interactive, hands-on experience with the Chamber and the community, aimed at youth beginning to show community interest and leadership potential. The applicant will be interviewed and considerable weight will be given to your statements. The Chamber greatly appreciates your help and is aware of the time necessary to prepare such an assessment. The information you provide will be reviewed in confidence. Please return this form to the applicant in a sealed envelope.

Name of Adult Reference _____

Position/Title _____

School _____

Work Phone _____ Home Phone _____

1. How long and in what capacity have you known the applicant? _____

   _____

2. List two strengths and two weaknesses of the applicant. _____

   _____

3. Comment on the applicant's behavior in your class/school. _____

   _____

4. Comment on the applicant's relationship with his/her peers. _____

   _____

5. Why do you feel the applicant would be a good candidate for the Chambers Ambassador Program?

   _____

   _____

Reference #2

Applicant Name _____

To the Applicant:

This reference should be completed by one of the following: coach, minister, employer, community member. Have the individual place the completed reference in an envelope and seal. You are responsible for delivering the sealed envelope to the Chamber Office with your application form.

To the Reference:

The person named above has applied for the Chamber Ambassador program. It is an interactive, hands-on experience with the Chamber and the community, aimed at youth beginning to show community interest and leadership potential. The applicant will be interviewed and considerable weight will be given to your statements. The Chamber greatly appreciates your help and is aware of the time necessary to prepare such an assessment. The information you provide will be reviewed in confidence. Please return this form to the applicant in a sealed envelope.

Name of Adult Reference _____

School/Business/Organization/Religious Group _____

Work Phone _____ Home Phone _____

1. How long and in what capacity have you known the applicant? _____

   _____

2. List two strengths and two weaknesses of the applicant. _____

   _____

3. Comment on the applicant's behavior in your class/school. _____

   _____

4. Comment on the applicant's relationship with his/her peers. _____

   _____

5. Please rate your perception of the applicant's skills in the following areas:
   (1. Needs improvement; 2. Satisfactory; 3. Exceptional)

   _____ Responsibility _____ Initiative _____ Leadership _____Curiosity

   _____ Maturity _____ Character _____ Oral communication skills

   _____ Ability to work with others _____ Concern for others

Chamber Ambassador Student Agreement Form

I am _____ (your name). I have read the information on the Chamber Ambassador Program and am willing to participate.

1. I understand attendance is required at the monthly meetings August through May.
2. I understand that I can miss no more than two (2) of these meetings.
3. I also understand that I am required to commit a minimum of 30 community volunteer hours and minimum 10 volunteer hours within the Chamber office.
4. I understand that my responsibility is to represent the Atmore Area Chamber of Commerce in my school and in the community with exemplary behavior and to assist with the many events and services which help the Atmore Area Chamber of Commerce fulfill its mission.
5. I understand that failure to meet the above requirements and responsibilities will result in my dismissal from the program.

I hereby release and hold harmless and indemnify the Atmore Area Chamber of Commerce, its members, directors, agents, volunteers, employees as well as the Chamber Ambassador Program, and any individuals involved in the planning, organization or presentation of the Chamber Ambassador programming, for any accident, injury, illness or any damage whatsoever related to the above-mentioned student's attendance at or participation in any activity or session of the Chamber Ambassador Program.

Student's Name _____ Date_____

Student's Signature _____

Parent/Guardian's Signature _____ Date_____

Home Phone _____ Work/Cell Phone _____

E-Mail _____

Address _____ City _____ Zip _____

Chamber Ambassadors
Class of 2026-2027

School Approval Form

All applicants MUST have the following approvals to attend the sessions of the Atmore Area Chamber Ambassadors: 1) Your School Principal; 2) Your Coaches and/or Sponsors of after school sports and/or cheerleading programs.

Please have your School Principal complete this brief form and sign below.

I approve the participation of

_____*in the Atmore Area Chamber Ambassador Program for 2025-2026. The student meets the criteria of being academically sound (cumulative GPA of 2.5 or higher).*

1) Principal's name _____
(Please print)

School name_____

Signature of principal _____ Dated _____

2) Signature of Coaches/Sponsor(s) _____ Dated _____