



CHAMBER ADVOCATE APPLICATION

The Hawkinsville-Pulaski County Chamber of Commerce Advocate Program is dedicated to promoting member commitment and retention. Our mission includes raising awareness of Chamber activities and benefits, engaging new members to foster strong ongoing membership, encouraging meaningful participation in Chamber programs, and serving as a vital link between the Chamber staff and membership.

Our Advocate Program is composed of dedicated volunteers from the Chamber membership who generously contribute their time to assist in various Chamber activities. Advocates serve a term of one calendar year, starting in July. With mutual agreement between other Advocates and the Chamber, Advocates can continue serving beyond the initial term.

Purpose: Advocates are highly visible, prestigious volunteers, who serve as the Chamber's primary liaison to Chamber members.

GENERAL INFORMATION

Name _____

Home Address _____

Street

City

State

Zip

Work Address _____

Street

City

State

Zip

Work Phone (_____) _____

Cell Number (_____) _____

Email Address _____

EMPLOYMENT

Present Employer _____

Title or Responsibility _____ Since (date) _____

Explain why you want to be a Chamber Advocate: _____

1. Please give a brief description of what you perceive as your “positive attributes.” _____

2. What three (3) contributions would you make if selected as an Advocate to the Hawkinsville-Pulaski County Chamber of Commerce? _____

3. Why do you wish to be an Advocate? _____

4. Which three (3) of the following twelve attributes best describes you? (*Number 1-3 with 1 being the highest*)

- | | | |
|------------------|-------------------|----------------------|
| _____ Leader | _____ Follower | _____ Time Conscious |
| _____ Patient | _____ Winner | _____ Passive |
| _____ Organizer | _____ Team Player | _____ Committed |
| _____ Aggressive | _____ Creative | _____ Assertive |

As an Advocate, I understand that there will be a commitment of my time and support to the various events held by the Chamber.

I may also be required to attend a monthly meeting or a one-on-one meeting with the President & CEO of the Hawkinsville-Pulaski County Chamber, as required.

I further understand that I will be required to spend up to three hours per quarter to meet the goals as outlined by the President & CEO of the Hawkinsville-Pulaski County Chamber.

Signature _____ **Date** _____