

Advocacy in Motion



VOLUNTEER APPLICATION

CONTACT INFORMATION

Name	Click here to enter text.
Employer (If Applicable)	Click here to enter text.
Street Address	Click here to enter text.
City, State, Zip Code	Click here to enter text.
County	Click here to enter text.
Home Phone	Click here to enter text.
Cell Phone	Click here to enter text.
E-Mail Address	Click here to enter text.

PLEASE INDICATE YOUR ADVOCACY EXPERIENCES (IF APPLICABLE)

I have:

- Met with an Elected Official
- Called an Elected Official
- Wrote to an Elected Official
- Sent a text message to an Elected Official
- Posted a message on an Elected Official's Facebook page
- Circulated a petition
- Provided written/oral testimony
- No experience

HOW DID YOU LEARN ABOUT AIM?

Click here to enter text.

WHY ARE YOU INTERESTED IN BECOMING AN AIM ADVOCATE?

Click here to enter text.

ARE YOU A MEMBER OF ANY OTHER ADVOCACY GROUP? (FOR EXAMPLE, AARP AND SENIOR VOICE!)

Click here to enter text.

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name	Click here to enter text.
Home Phone	Click here to enter text.
Cell Phone	Click here to enter text.

AGREEMENT AND SIGNATURE

I HAVE VERIFIED THAT ALL OF THE ABOVE INFORMATION IS TRUE, COMPLETE, AND CORRECT. I ALSO UNDERSTAND THAT I AM APPLYING FOR A VOLUNTEER POSITION AND THAT THIS IS NOT AN APPLICATION FOR, NOR A CONTRACT OF PAID EMPLOYMENT. I FURTHER AGREE THAT AS A VOLUNTEER OF THE WESTERN RESERVE AREA AGENCY ON AGING (WRAAA), I WILL BE COMMITTED TO ITS MISSION AND FOLLOW THE GUIDELINES STIPULATED IN THE ADVOCACY IN MOTION GUIDE AND TAKE REQUIRED TRAINING(S).

Name (printed)	Click here to enter text.
Signature	
Date	Click here to enter text.

RETURN COMPLETED APPLICATION

WRAAA
1700 East 13th Street, Suite 114
Cleveland, Ohio 44114

ATTENTION: AIM