

# Advocacy in Motion (AIM)

## VOLUNTEER APPLICATION

### CONTACT INFORMATION

<b>Name</b>	
<b>Employer (If Applicable)</b>	
<b>Street Address</b>	
<b>City, State, Zip Code</b>	
<b>County</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>E-Mail Address</b>	

### 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?

**WHY ARE YOU INTERESTED IN BECOMING AN AIM ADVOCATE?**

--

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

--

**PERSON TO NOTIFY IN CASE OF EMERGENCY**

<b>Name</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	

**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 COUNCIL GUIDE AND TAKE REQUIRED TRAINING(S).**

<b>Name (printed)</b>	
<b>Signature</b>	
<b>Date</b>	

**RETURN COMPLETED APPLICATION**

**WRAAA  
925 Euclid Avenue, Suite 600  
Cleveland, Ohio 44115**

**ATTENTION: AIM**