**Advocacy in Motion**

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| --- |
|  **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:

|  |  |
| --- | --- |
| 1. [ ]  Met with an Elected Official
2. [ ]  Called an Elected Official
3. [ ]  Wrote to an Elected Official
4. [ ]  Sent a text message to an Elected Official
 | 1. [ ]  Posted a message on an Elected Official’s Facebook page
2. [ ]  Circulated a petition
3. [ ]  Provided written/oral testimony
4. [ ]  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 guideslines 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**