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| AANA Foundation State Advocate ApplicationSubmission Deadline: Open Submission |  |

APPLICANT INFORMATION

|  |  |
| --- | --- |
| Full Name |  |
| Street Address |  |
| City State ZIP Code |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail Address |  |
| What state would you like to represent as an AANA Foundation State Advocate? |  |

## ABOUT YOU/QUALIFICATIONS

### Why are you interested in becoming a State Advocate?

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1. Where did you hear about the State Advocate opportunity?

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### Summarize special skills and qualifications that you have acquired from employment, previous volunteer work, or through other activities that will aide you in this position.

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# State Advocate Application (*continued*)

## AGREEMENT AND SIGNATURE

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature (can be electronic) |  |
| Date |  |

## OUR POLICY

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with us.

**Return Completed Application to:**

Luanne Irvin, Development Director

lirvin@aana.com

Phone: (847) 655-1173