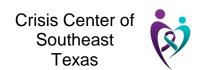
Advocate Application



Please fill out the form completely. All questions must be answered for consideration.

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	
Date of Birth	
Marital Status	
Spouse's Name	
Education	that apply)
Are you currently a (Check all	пасарру)
Student	Agency Board Member
Retired	Other
Explain Other	
Last Education Level Completed	i
Some High School	2 Year Degree
GED	4 Year Degree
Some College	Graduate Degree
Contact	
What is the best time to contact yo	u by phone?
Agreement and Signature	
	irm that the facts set forth in it are true and complete. I understand that if I am accepted ts, omissions, or other misrepresentations made by me on this application may result in
Name (printed)	
Signature	
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.