

2009 LOBBYIST APPRENTICE APPLICATION



PERSONAL INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	Cell Phone		
E-Mail Address			
Are you a person with a disability?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a parent of a person with a disability? YES <input type="checkbox"/> NO <input type="checkbox"/>
ADVOCACY HISTORY			
Are you a member of ID Action?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you been to the Capitol before? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you registered to vote?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been to Advocating Change Day? YES <input type="checkbox"/> NO <input type="checkbox"/>

What types of advocacy have you done before?

What did you like about being an advocate?

Why are you interested in the Lobbyist Apprentice Program?

What issues would you work on as a Lobbyist Apprentice, and what do you hope to accomplish?

Is there anything else you would like to tell us about yourself?

REFERENCES

Full Name	Relationship
Company/ Address	Phone/Email: ()
Full Name	Relationship
Company/ Address	Phone/Email: ()

SIGNATURE

My answers are true and complete to the best of my knowledge.

Signature

Date