



## American Cancer Society Cancer Action Network

### Advocacy Volunteer Application

- State Lead Ambassador
- District ACT! Lead
- District ACT! Chair (check one)
- \_\_\_ ACS CAN Development Chair
- \_\_\_ Act!on Chair
- \_\_\_ ACT! Media Chair
- \_\_\_ Relay CAN Chair
- Ambassador

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Congressional District Number: \_\_\_\_\_

Phone Business: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ (circle one: home or business)

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Race:

\_\_\_ Asian                      \_\_\_ African-American/Black                      \_\_\_ Pacific Islander

\_\_\_ Hispanic/Latino                      \_\_\_ Caucasian/White                      \_\_\_ American Indian

\_\_\_ Other

Are you a registered voter? \_\_\_ Yes \_\_\_ No

Do you want to be identified as a survivor? \_\_\_ Yes \_\_\_ No

Have you ever been diagnosed with cancer?  Yes  No

Cancer type: \_\_\_\_\_

Date of diagnosis: (mm/dd/yyyy): \_\_\_\_\_

Are you a patient or caregiver who has firsthand knowledge of the National Breast and Cervical Cancer Early Detection Program?  Yes  No

Are you a medical professional/researcher, or do you have direct knowledge of a cancer research program or activity?  Yes  No

Please share your personal or professional story of how cancer has touched your life and how you intend to make a difference in your role as the advocacy volunteer specified on the first page. If selected, you may be asked to have your story included with the announcement of your appointment on the [acscan.org](http://acscan.org) website (250 words or less):\*

### Volunteer Experience

Are you currently a volunteer for the American Cancer Society?  Yes  No

If yes, how many years have you been a volunteer?

Less than 1 year

1-2 years

3-5 years

More than 5 years

Please check all the programs or activities in which you have been involved:

Celebration 2002 Ambassador

Celebration 2006 Ambassador

Relay For Life Advocacy Chair

Relay For Life

Making Strides Against Breast Cancer

Patient Support Programs (Reach to Recovery, Look Good Feel Better, I Can Cope, etc.)

\_\_\_ Fundraising (Daffodil Days, Gala, Golf, Cattle Baron's, etc.)

**Legislative Experience**

List other organizations to which you belong or volunteer:

Please check all of the positions, programs or activities you have been involved in with the American Cancer Society:

- \_\_\_ Federal Lobby Day
- \_\_\_ State Lobby Day/State Celebration
- \_\_\_ Meeting with an Elected Official
- \_\_\_ Hook, Line, and Sinker training
- \_\_\_ Direct Action Organization training
- \_\_\_ ACS CAN member recruitment training
- \_\_\_ LAPEL training
- \_\_\_ Other advocacy activities

Do you have a relationship/association with any federal or state legislators? \_\_\_ Yes \_\_\_ No

If yes, please list them, and describe your relationship(s):

Are you a member of ACS CAN? \_\_\_ Yes \_\_\_ No

Please list two personal or professional references and their contact information (phone or email):

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Partnership Agreement**

If selected, I agree to become, or continue as, the specified advocacy volunteer for a term of \_\_\_\_\_ year(s) beginning \_\_\_\_\_. I will fulfill the responsibilities outlined in my job description to the best of my abilities and participate in necessary trainings and other activities. Circle one: Yes No

\_\_\_\_\_  
Volunteer Print Name

\_\_\_\_\_  
Staff Partner Print Name

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Staff Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Please send application to the American Cancer Society, 8219 Town Center Drive, Baltimore, MD 21236, attention Sherry McCammon. For questions email [sherry.mccammon@cancer.org](mailto:sherry.mccammon@cancer.org) or call 410-933-5146.