

# State Ambassador Volunteer Application



## GENERAL INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

Why are you interested in becoming a Rare Action Network™ State Ambassador volunteer?

## PREVIOUS VOLUNTEER EXPERIENCE

What organizations do you currently volunteer for or have volunteered with in the past? What was your role?

Please describe a paid or volunteer experience in which you were the leader of a group of people. What went well? What would you have done differently?

What types of advocacy events have you worked on? *(check all that apply)*

Legislative      Fundraising      Awareness      Educational      Other \_\_\_\_\_

Are you comfortable speaking in front of large crowds? (check one)      Yes      No

Have you ever met with your legislator? (check one)      Yes      No

**AVAILABILITY**

*If selected, State Ambassador volunteer position is a term of no less than 2 years with a commitment of at least 4-6 hours per month. Ambassadors will be asked to join bi-monthly webinars/conference calls with the Rare Action Network™ team to receive training, education, as well as up-to-date news and information on campaigns, issues, and progress. These calls will also serve as the platform for planning advocacy events in your state.*

Please list below the days and times you are most likely available to volunteer your time remotely:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

*(Please note: Rare Action Network™ team will work with the state ambassador to establish a more personalized schedule that works best for them)*

Are you able to do light traveling to events within your state? (check one)      Yes      No

**REFERENCES**

*Rare Action Network™ State Ambassador volunteers are an extension of the National Organization for Rare Disorders, we ask you to please provide at least two references. References are contacted to help assess the applicant's suitability for the leadership role of state ambassador. Work, volunteer, school or personal references are acceptable. Please do not list family members.*

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

YEARS KNOWN: \_\_\_\_\_

PHONE: \_\_\_\_\_

*Please note due to the volume of applications we receive, we are unable to respond to all individuals that apply. Not all State Ambassador applicants will be asked to proceed to the interview process.*

**Email completed form to [action@rarediseases.org](mailto:action@rarediseases.org)**