

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 and what is your connection to rare?

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 _____

1779 MASSACHUSETTS AVENUE NW, SUITE 500
WASHINGTON, DC 20036
T 202-588-5700 ■ F 202-588-5701

55 KENOSIA AVENUE
DANBURY, CT 06810
T 203-744-0100 ■ F 203-263-9938

1900 CROWN COLONY DRIVE, SUITE 310
QUINCY, MA 02169
T 617-249-7300 ■ F 617-249-7301

rareaction.org ■ action@rarediseases.org

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Are you comfortable engaging and networking with people in public settings? Yes No
(check one)

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

Are you familiar with Gmail and Google Drives? Yes No

AVAILABILITY

If selected, State Ambassador volunteer position is a term of no less than 2 years with a commitment of at least 6-8 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 note: Rare Action Network™ team will work with the Ambassadors 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