



# EMERGING ADVOCATES PROGRAM APPLICATION

You can save this form on a computer & email it OR print & mail it.

## BASIC INFORMATION

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

Mailing Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Message Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

## DEEPER INFORMATION

1. How did you hear about the Emerging Advocates Program?

2a. Have you personally experienced homelessness in your own life?\*  YES  NO

2b. Have you personally experienced housing instability in your own life?\*  YES  NO

3. (Optional) If you answered YES to either of the above questions, please share something about your experience, in 1-3 sentences:

4. Have you ever communicated with an elected official about an issue you care about?

YES, MANY TIMES  YES, A FEW TIMES  NO

If YES, how? (Check all that apply.)

Email  Phone  Letter  Signed petition  In-person (meeting)  
 In-person (public forum)  Other (please explain)

5. Why do you think people should get involved in advocacy?

6. How do you hope participation in this program will impact your involvement in advocacy?

Application continued on the other side.

Emerging Advocates Program Application Continued  
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7. Do you need assistance with childcare, transportation, or other basic needs to be able to participate in this program?  YES  NO

8. If you answered YES to the above question, please tell us what specifically would help make it possible for you to participate, e.g. bus fare to & from each session.

9. Are there other barriers that might impact your involvement?

10. Can you commit to one evening meeting per week for six weeks?  YES  NO

11. Which days and times would work best for you to attend weekly workshops in July and August? (Check all that apply.)

DAYS:  M  Tu  W  Th TIMES:  4-6pm  5-7pm  6-8pm  
 OTHER (Please fill in:)

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12. With a month's notice, could you arrange to have one weekday free for a group excursion to the state capitol in Olympia?

YES  NO And please explain Why or Why Not.

13. Is there anything else you want us to know?

## REFERENCES & SUBMITTING YOUR APPLICATION

Please find 1-3 people you know, and have them send us an email or a printed document describing why you'd be a good fit for a program to support and train emerging advocates. Examples of possible references are neighbors, educators, employers, case workers, etc.

Please have your above references send us the recommendations by email or postal mail. Please submit this application in person or by email or postal mail.

**The deadline for receiving the application and letters is June 6, 2014 at 9pm.**

**Email:** [alouise@wliha.org](mailto:alouise@wliha.org) with "EAP application" in the subject line.

**In-person/Postal Mail:** Housing Alliance, attn: Alouise Urness, 1411 4th Ave, Ste 850, Seattle, WA 98101

Questions or suggestions? Contact Alouise Urness at 206.442.9455 or [alouise@wliha.org](mailto:alouise@wliha.org).

\*Preference will be given to applicants who have a personal experience of homelessness/housing instability.